

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---------------------------|--|
| PRODUCER | CONTACT NAME: AGENT CONTACT NAME |
| | PHONE (A/C, No, Ext): AGENT PHONE# FAX (A/C, No): AGENT FAX# |
| INSURANCE BROKER OR AGENT | E-MAIL ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED | INSURER A : ABC INSURANCE COMPANY |
| | INSURER B : XYZ INSURANCE COMPANY |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

SUBCONTRACTOR NAME
SUBCONTRACTOR ADDRESS

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | POLICY NO. | EFF DATE | EXP DATE | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| B | AUTOMOBILE LIABILITY | | | POLICY NO. | EFF DATE | EXP DATE | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | POLICY NO. | EFF DATE | EXP DATE | EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ |
| | DED RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | POLICY NO. | EFF DATE | EXP DATE | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | |
| | Pollution Liability (CPL) Professional Liability (CPrL) | | | POLICY NO. | EFF DATE | EXP DATE | Limit per Occurrence: \$2,000,000 Aggregate Limit: \$2,000,000 Pollution Coverage must include Mold/Fungi/Bacteria |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: BLANKET - ALL JOBS

Hill & Wilkinson Construction Group, Ltd., Hill & Wilkinson Management, LLC, Hill & Wilkinson General Contractors, Owner and others are named as Additional Insureds on the General Liability, Auto Liability, Pollution Liability and Umbrella Liability policies (to include ongoing and completed operations) with coverage provided to the Additional Insureds on a primary & non-contributory basis. Waiver of Subrogation in favor of Additional Insureds is applicable to

(See Attached Descriptions)

CERTIFICATE HOLDER

Hill & Wilkinson General Contractors
2703 Telecom Parkway, Suite 120
Richardson, TX 75082

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)

Workers' Compensation, General Liability, Auto Liability, Pollution Liability, Professional Liability and Umbrella Liability policies. Thirty day notice of cancellation to Hill & Wilkinson General Contractors (except for 10 days for non-payment of premium) is endorsed to all policies.