ACORD ■ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YY

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 AGENT CONTACT NAME				
		FAX (A/C, No): AGENT FAX#			
INSURANCE BROKER OR AGENT	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAG	E NAIC#			
	INSURER A: ABC INSURANCE COMPANY				
INSURED	INSURER B: XYZ INSURANCE COMPANY				
OUD CONTRACTOR MAME	INSURER C:				
SUBCONTRACTOR ADDRESS	INSURER D:				
SUBCONTRACTOR ADDRESS	INSURER E:				
	INSURER F:				

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.

	ACCUSIONS AND CONDITIONS OF SUCH	ADDL SUBR		POLICY EFF			
INSR LTR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	GENERAL LIABILITY		POLICY NO.	EFF DATE	EXP DATE	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC						\$
В	AUTOMOBILE LIABILITY		POLICY NO.	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					- ' ' ' ' ' ' ' '	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		POLICY NO.	EFF DATE	EXP DATE	EACH OCCURRENCE	\$1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$1,000,000
	DED RETENTION \$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		POLICY NO.	EFF DATE	EXP DATE	X WC STATU- TORY LIMITS OTH- ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	Pollution Liability (CPL)		POLICY NO.	EFF DATE	EXP DATE	Limit per Occurrenc	e: \$2,000,000
	Professional Liability (CPrL)					Aggregate Limit:	\$2,000,000
				Pollutio	n Coverage	must include Mold/F	ungi/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

	CANCELLATION			
Hill & Wilkinson General Contractors 2703 Telecom Parkway, Suite 120 Richardson, TX 75082	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.						
To days for non-payment or premium) is endorsed to an policies.						