



# CERTIFICATE OF LIABILITY INSURANCE

Date: 12/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT 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 policy holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to 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).

<b>AGENT:</b> JUAN G LARA INSURANCE AGENCY 9750 S HIGHWAY 6 STE 103 SUGAR LAND, TX 77498-5075  PHONE # 281-561-9919      FAX # 2815619948 CODE: AP1                      EMAIL: jlinsuranceagency@gmail.com	<b>PRODUCER:</b> Texas All Risk Insurance 9696 Skillman St. Suite 170 Dallas, Tx 75243 1-800-627-0303
<b>INSURED</b> VERONICA PARKIN  DBA: LOVE BIRD RESTAURANT 9750 S. HWY 6., STE 102 SUGARLAND, TX 77498	<b>INSURER A:</b> ATLANTIC CASUALTY INS. CO.

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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 Deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	L188004223	06/12/2015	06/12/2016	GENERAL AGGREGATE      \$2,000,000 PRODUCTS COMP/OP AGGREGATE      \$2,000,000 PERSONAL & ADV INJURY      \$1,000,000 EACH OCCURENCE      \$1,000,000 FIRE DAMAGE (Any one fire)      \$100,000 MED EXP (Any one person)      \$5,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT  BODILY INJURY - PER PERSON  BODILY INJURY - PER ACCIDENT  PROPERTY DAMAGE
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>				AUTO ONLY - EA ACCIDEN OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE  AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/ PARTNERS/ EXECUTIVE <input type="checkbox"/> Y/N <input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>				STATUTORY LIMITS EACH ACCIDENT DISEASE - EACH EMPLOYEE DISEASE - POLICY LIMIT
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS  
 CATERERS/RESTAURANT

**CERTIFICATE HOLDER**

**CANCELLATION**

AGAVE ESTATES

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