Contractor Sample Certificate of Insurance

(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO CONTRACT REQUIREMENTS)

CERTIFICATE OF LIABILITY INSURANCE ACORD

DATE (MM/DD/YYYY) TBD

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	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
AGENT INFORMATION	E-MAIL ADDRESS	(NO, NO).
	INSURER(S) AFI	FORDING COVERAGE NAIC #
	INSURER A : INSURANCE COM	PANY NAME
INSURED	INSURER B : INSURANCE COM	PANY NAME
	INSURER C : INSURANCE COMI	PANY NAME
CONTRACTOR INFORMATION	INSURER D : INSURANCE COMI	PANY NAME
	INSURER E : INSURANCE COM	PANY NAME
	INSURER F : INSURANCE COMI	PANY NAME

COVERAGES

REVISION NUMBER:

CO	VERAGES CE	RTIFICAT	FE NUMBER:		REVISION NUMBER:			
TI	HIS IS TO CERTIFY THAT THE POLICI	S OF INS	SURANCE LIS	TED BELOW HAVE BEE	IN ISSUED TO	THE INSURED	NAMED ABOVE FOR THE	E POLICY PERIOD
	NDICATED. NOTWITHSTANDING ANY R		, -					
	ERTIFICATE MAY BE ISSUED OR MAY	,	·					ALL THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUC			HOWN MAY HAVE BEEN		-	IS.	
INSR LTR		ADDL SUI		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ
Α	GENERAL LIABILITY		POLICY	NUMBER	TBD	TBD	EACH CCURRENCE	\$1,000,000
							DAMAGE TO RENTED	¢100.000

	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR	Y	Y				MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY X PRO-							\$
Α	AUTOMOBILE LIABILITY			POLICY NUMBER	TDB	TBD	COMBINED SINGLE LIMIT Ea accident	\$1, 000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	X ALL OWNED SCHEDULED AUTOS	Y	Y				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							· · · · ·	\$
в	X UMBRELLA LIAB X OCCUR	Y	Y	POLICY NUMBER	TBD	TBD	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE	1	'				AGGREGATE	\$5.000.000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			POLICY NUMBER	TBD	TBD	X WC STATU- TORY LIMITS OTH-	
с		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
-	OFFICER/MEMBER EXCLUDED?	N/A	Y				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Re: 920 Memorial City Way, Houston, Texas 77024 and 9870 Gaylord Drive, Houston, Texas 77024. Additional insured in favor of MN Coxen, LLC., MN Way, LLC and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of MN Coxen, LLC., MN Way, LLC and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. A 30-day notice of cancellation is provided to the certificate holder.

CERTIFICATE HOLDER	CANCELLATION
MN Coxen, LLC c/o Metro National Corporation 960 Memorial City Way, Suite 300 Houston, TX 77024	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