

CERTIFICATE OF LIABILITY INSURANCE

DATE 00/00/00

PRODUCER

XYZ Insurance Agency
Address
City, State, Zip

SAMPLE

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.

INSURERS AFFORDING COVERAGE

INSURED

ABC Contractor Co
Address
City, State, Zip

INSURER A: XYZ Insurance Agency
INSURER B: XYZ Insurance Agency
INSURER C: XYZ Insurance Agency
INSURER D: XYZ Insurance Agency
INSURER E: XYZ Insurance Agency

COVERAGES

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 AGGREGATE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YY	POLICY EXPIRATION DATE MM/DD/YY	LIMITS
A GENERAL LIABILITY				
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$1,000,000
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PRODUCTS - COMP/OP AGG \$1,000,000
<input type="checkbox"/> OWNER'S & CONTRACTORS PROT				PERSONAL & ADV INJURY \$1,000,000
				EACH OCCURRENCE \$1,000,000
				FIRE DAMAGE (Any one fire) \$50,000
				MED EXP (Any one person) \$5,000
GEN'L AGGREGATE LIMIT APPLIES PER: ___ POLICY ___ PROJECT ___ LOCATION				
A AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN AUTO ONLY \$
				EACH ACCIDENT
				AGGREGATE \$
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY				
<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$5,000,000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$5,000,000
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> W.C. STATUTORY LIMITS <input type="checkbox"/> OTHER
<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				E.L. EACH ACCIDENT \$1,000,000
				E.L.DISEASE-POLICY LIMIT \$1,000,000
				E.L. DISEASE - EA EMPLOYEE \$1,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Transwestern Property Company SW GP, LLC dba Transwestern, and 24 Waterway, LLC are named as Additional Insured on the General Liability and Auto Liability policies. Policies should apply to all owned, leased and net leased 24 Waterway, LLC properties as their interest may appear. A Waiver of Subrogation in favor Transwestern Property Company SW GP, LLC dba Transwestern, and 24 Waterway, LLC on the General, Auto, and Workers Compensation policies.

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED: ☒ INSURER LETTER: CANCELLATION

24 Waterway, LLC
Transwestern Property Company SW GP, LLC dba Transwestern
24 Waterway Ave, Suite 225
The Woodlands, Texas, 77380

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE