



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2017

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 <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> INSURED CAPITAL ADJUSTERS, INC. 1515 PO BOX 140111 AUSTIN TX 78714	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>CONTACT NAME</td> <td>[REDACTED]</td> </tr> <tr> <td>PHONE (A/C, No, Ex)</td> <td>[REDACTED]</td> </tr> <tr> <td>E-MAIL ADDRESS</td> <td>[REDACTED]</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER B:</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER C:</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME	[REDACTED]	PHONE (A/C, No, Ex)	[REDACTED]	E-MAIL ADDRESS	[REDACTED]	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:	[REDACTED]	INSURER B:	[REDACTED]	INSURER C:	[REDACTED]	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: RRPMSW000001-02-C26280 REVISION NUMBER: 17-18Renewal

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 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			[REDACTED]	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$ 3,000,000.00 REPO IN TRANSIT \$ 1,000,000.00
C	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			[REDACTED]	03/19/17	03/19/18	COMP/COLL DED - \$1000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			[REDACTED]	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ INC. GEN AGG
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CRIME/EMP DISHONESTY			[REDACTED]	10/01/2017	10/01/2018	LIMIT: \$1,000,000.00
A	GARAGEKEEPERS DIRECT PRIMARY			[REDACTED]	10/01/2017	10/01/2018	GKDP LIMIT: \$300,000.00
B	GARAGEKEEPERS EXCESS			[REDACTED]	10/01/2017	10/01/2018	GKDP EXCESS: \$700,000.00

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

[REDACTED]
 30 DAY CANCELLATION NOTICE EXCEPT IN CASES OF NON-PAYMENT OR CANCELLATION BY MEMBER REQUEST & ADDITIONAL INSURED STATUS, APPLIES TO THE CERT HOLDER AS REQ BY WRITTEN CONTRACT
 LOCATION: 9510 BROWN LANE, AUSTIN, TX 78754
 PRIMARY LIMITS PROVIDE FULL \$3,000,000 LIMIT WITH A \$5,000,000 AGG IN LIEU OF A SEPARATE EXCESS LIABILITY POLICY
 SCHEDULED AUTOS: 06 CHEVY #1380; 16 RAM #5403; 04 TOYOTA #4038; 04 TOYOTA #0381

CERTIFICATE HOLDER PROOF OF INSURANCE CAPITAL ADJUSTERS, INC. 512-836-5379 PO BOX 140111 AUSTIN TX 78714	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 [REDACTED]
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