



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/13/2015

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 Southwest Assurance Group, Inc. 12201 Merit Drive Suite 795 Dallas TX 75251	CONTACT NAME: Sherrel Breazeale	
	PHONE (A/C No. Ext): 214-691-5721 X-105 FAX (A/C No.): 214-691-4961 E-MAIL ADDRESS: sbreazeale@southwestassurance.com	
INSURED Allied Fire Protection, LP Allied Fire Protection SA, LP AFP Alarm & Detection, LP 2003 Mykawa Road Pearland TX 77581	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Greenwich Insurance Company	22322
	INSURER B: Travelers Prop Cas of America	25674
	INSURER C: AMCO Insurance Company	19100
	INSURER D: Navigators Insurance Company	42307
	INSURER E: Travelers Indemnity Co of Amer	25666
	INSURER F: Indian Harbor Insurance Co.	36940

## COVERAGES

CERTIFICATE NUMBER: 2015/2016

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible <input checked="" type="checkbox"/> X, C & U NOT EXCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			RMG640044701	3/23/2015	3/23/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Sprinkler Companies DT-810-1709L161-TIL-15 \$1,000 Comp & Coll Deds.	3/23/2015	3/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Personal Injury Protection -PIP \$ 2,500
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			Alarm Company ACP BAA 72-4-4948540	3/23/2015	3/23/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	DTJ-UB-0D33121-3-15 Excluded: Shannon Payne, John Ray Hubbard and Alan Hertz (Mang. Partns)	3/23/2015	3/23/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional/Pollution Liability Coverage			PEC0043445-01	3/23/2015	3/23/2016	Each Occurrence \$2,000,000 Aggregate \$2,000,000

Example Certificate

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

RE: BLANKET CERTIFICATE OF INSURANCE GOOD FOR ALL PROJECTS.

SEE ATTACHED.

City of Laredo is listed as additional insured with respect to General and Auto Liability. Waivers of Subrogation provided for General, Auto, and Workers Compensation.

## CERTIFICATE HOLDER

(956) 727-6500 mjacaman@ci.laredo.tx.us

City of Laredo  
Attn: Mimi Jagaman  
1102 Bob Bullock Loop  
Laredo, TX 78043

## 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

Steven Lott/SHEREL

## COMMENTS/REMARKS

### CONTRACTORS RENTED & LEASED EQUIPMENT

Carrier: The Travelers Lloyds Insurance Company  
Policy #: QT-630-5376B923-TLC-15 (3/23/2015 to 3/23/2016)  
\$300,000 - Rented/Leased Equipment Per Item  
\$300,000 - Rented/Leased Equipment Occurrence  
\$1,000 - Deductible - Blanket Loss Payee & Additional Insured Endorsement

NAMED INSURED: ALLIED FIRE PROTECTION, LP; ALLIED FIRE PROTECTION SA, LP; AFP ALARM & DETECTION, LP

POLICY TERM: March 23, 2015 to March 23, 2016

### ADDITIONAL INSURED -

Additional insured status is provided to ANY PERSON OR ORGANIZATION that has requested such status in a written contract with the named insured. Below are the endorsements that are attached to the insured's policies providing additional insured status.

- General Liability - Form #CG 20 38 04 13 and #CG 20 37 04 13 which includes completed operations.
- Auto Liability (Allied Fire Protection, LP and Allied Fire Protection SA, LP) - Form #CA T3 53 03 10
- Auto (AFP Alarm & Detection, LP) - #AC 01 02TX 03 10
- Excess Liability - Form #NAV-EXC-001 (04/10)

### WAIVER OF SUBROGATION -

A Waiver of Subrogation is provided to ANY PERSON OR ORGANIZATION that has requested such in a written contract with the named insured. Below are the endorsements that are attached to the insured's policies providing a waiver of subrogation.

- Workers' Compensation - Form #WC 42 03 04 A
- General Liability - Form #CG 24 04 05 09
- Auto Liability (Allied Fire Protection, LP and Allied Fire Protection SA, LP) - Form #CA T3 53 03 10
- Auto (AFP Alarm & Detection, LP) - #AC 01 01A 03 10
- Excess Liability - NAV-EXC-001 (04/10)

### OTHER COVERAGES provided if required by a written contract -

- PRIMARY/NON-CONTRIBUTORY COVERAGE - General Liability Form #XIL424 and Auto Form #CAT 474
- PER PROJECT GENERAL AGGREGATE LIMIT is provided per the terms and conditions of General Liability Form #CG 25 03 05 09
- X,C & U (EXPLOSION, COLLAPSE & UNDERGROUND) is not excluded from the General Liability policy and is per the terms and conditions of General Liability Coverage Form CG 00 01 04 13
- CONTRACTUAL LIABILITY coverage is standard and may not cover all liabilities assumed by the named insured under its contract with you and is per the terms and conditions of General Liability Coverage Form CG 00 01 04 13.

When contract documents are provided for review, only the insurance requirements contained in the contract are reviewed. The scope of our review is to determine if the current insurance program in place for the named insured addresses the types and amounts of insurance coverage referenced by the contract. We identified the significant insurance obligations. Our agency is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, our agency is not undertaking to identify all potential liabilities that may arise under this contract. The review is provided for the information of the named insured and should not be relied upon by third parties. Any descriptions of insurance coverages are subject to the terms, conditions, exclusions and other provisions of the policy and any applicable regulations, rating rules or plans.