

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Date

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

	e terms and conditions of the policy rtificate holder in lieu of such endor				dorse	ment. A stat	ement on th	is certificate does not con	fer rights to the
PRODUCER Agent Name and Address					CONTACT Agency Contact				
					PHONE (A/C, No, Ext): Contact Phone # (A/C, No): Contact Fax #				ontact Fax #
				E-MAIL ADDRESS: Contact E-mail address					
					INSURER(S) AFFORDING COVERAGE			NAIC #	
					INSURE	RA: Insura	ance Compa	iny	
Insured Name and Address					INSURER B:				
					INSURER C:				
					INSURE	RD:			
					INSURE	RE:			
					INSURE	RF:			
COV	/ERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:	
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI								
	RTIFICATE MAY BE ISSUED OR MAY								
	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE E	BEEN F	REDUCED BY	PAID CLAIMS.		,
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCUPPENCE &	1,000,000

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
X	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			Policy Number	Date	Date	DAMAGE TO RENTED	\$ 1,000,000 \$ 50,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY			Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X	X ANY AUTO			,			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						,	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Х	X UMBRELLA LIAB X OCCUR			Policy Number	Date	Date	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			,			AGGREGATE	\$ 1,000,000
	DED RETENTION\$							\$
Х	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	Date	Date	X WC STATU- OTH- TORY LIMITS ER	
, ,	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Δ	Toney Normber	Dute	Duce	E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Parkway C & A, LP and it's owners, officers, directors, employees, agents and the owner, as required under the

General Contract are endorsed as additional insured(s) under endorsements CG2010 (premises operations)or equivalent and

CG2037(completed operations) or equivalent, with regard to the General Liability policy of the insured and provided Waiver of Subrogation by the Worker's Compensation policy of the insured.

(See Attached Additional Remarks)

CERTIFICATE HOLDER	CANCELLATION
Parkway C&A, LP 1000 Civic Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lewisville, TX 75067	AUTHORIZED REPRESENTATIVE
	Signature

	AGENCY CUSTOMER ID:								
		LOC #:		of					
ACORD® ADDITIONAL	. REMA	ARKS SCHEDULE	Page						
Agency Name	NAMED INSURED Insured Name and address								
POLICY NUMBER Policy Number									
CARRIER NAIC CODE Insurance Company		EFFECTIVE DATE:							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOI	RD FORM,								
FORM NUMBER: FORM TITLE:									
The General Aggregate Limit applies separately to this project.  30 Day Notice of Cancellation is provided to Parkway C & A, LP on all policies referred to.									