

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A sta	tement on		
	DUCER		JUI III	noute freduct in field of Su		CONTACT IAME: Ramsey Ishaq					
Insure HTX LLC						NAME: Rainey Ishaq PHONE (A/C, No, Ext): (713) 986-4173 (A/C, No):					
16903 Red Oak 264A						(A/C, No, Ext): (13) 900-4173 (A/C, No):  E-MAIL ADDRESS: rishaq@insurehtx.com					
10703 Red Odr 20171						INSURER(S) AFFORDING COVERAGE NAIC #					
Houston TX 77090						INSURER A: STATE AUTOMOBILE MUT INS CO					
INSURED						INSURER B: PLAZA INSURANCE COMPANY					
Estess Enterprises LLC					INSURER C:				30945		
2310 Schumann Rd											
2510 Schumann Ku					INSURER D : INSURER E :						
New Berlin				TY 78155 0520	TX 78155-9529 INSURER F:						
			REVISION NUMBER:								
COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE											
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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY		1112			(,	(	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$	5,000		
A				10199421CB		03/05/2024	03/05/2025	PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person) \$	,,		
A	OWNED SCHEDULED AUTOS ONLY AUTOS			10199424CA		03/05/2024	03/05/2025	BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	AUTOS ONET							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION\$	İ						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					03/05/2024	03/05/2025	PER OTH- STATUTE ER			
В								E.L. EACH ACCIDENT \$	100,000		
				10199423WC				E.L. DISEASE - EA EMPLOYEE \$	100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000		
								V			
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	uired)			
CERTIFICATE HOLDER						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.					
City of San Antonio											
City of San Amonio											
1901 S Alamo St.					AUTHORIZED REPRESENTATIVE						
						Ramsey Ishaq					
. San Antonio TX 78204						outrain, including gard, 70° 500					