

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. 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).

| | is certificate does not confer rights to | | | | | | | uire an endorsement. A | stateme | ent on | |
|---|---|-------|-------------|---------------------------------|------------------------------------|--|-------------------|-------------------------------------|---------|-----------|--|
| PRODUCER | | | | | | CONTACT NAME: Ramsey Ishaq | | | | | |
| Insure HTX LLC | | | | | | PHONE (A/C, No, Ext): (832)743-2832 (A/C, No): | | | | | |
| 16903 Red Oak 264A | | | | | | E-MAIL ADDRESS: rishaq@insurehtx.com | | | | | |
| | | | | | | | URER(S) AFFOR | RDING COVERAGE | | NAIC# | |
| Houston TX 77090 | | | | | | INSURER A: STATE AUTOMOBILE MUT INS CO | | | | 25135 | |
| INSURED | | | | | INSURER B: PLAZA INSURANCE COMPANY | | | | 30945 | | |
| Estess Enterprises LLC | | | | RER C: | | | | | | | |
| 2310 Schumann Rd | | | | | | INSURER D: | | | | | |
| | | | | | INSURER E : | | | | | | |
| New Berlin | | | | TX 78155-9529 | INSURER F: | | | | | | |
| COVERAGES CER | | | ATE | NUMBER: | 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 | | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMITS | S | | |
| | COMMERCIAL GENERAL LIABILITY | | 1110 | | | (, 22,) | (, | EACH OCCURRENCE | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | \$ | | |
| A | | | 10199421CB | | | 03/05/2024 | 03/05/2025 | ` ′ | \$ | 5,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | 03/05/2024 | 03/05/2025 | BODILY INJURY (Per person) | \$ | | |
| A | | | | 10199424CA | | | | ` ′ | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | 03/05/2024 | 03/05/2025 | PER OTH- STATUTE ER | | | |
| В | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | 10199423WC | | | | | E.L. EACH ACCIDENT | \$ | 100,000 | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 100,000 | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 | |
| | | | | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI |) 101, Additional Remarks Sched | ule, may | be attached if m | ore space is requ | uired) | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| | | | | | | | | | | | |
| Moran Property Management | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| 8235 Agora Pkwy | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| Ste 111 PMB 763 | | | | | | Ramsey Ishaq | | | | | |
| Selma TV 78154 | | | | | | | | | | | |