

EVANSTON INSURANCE COMPANY

State Transaction Code:

COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS RENEWAL OF POLICY: NEW POLICY NUMBER: EZXS3170279 Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code) Isaac's Painting 5605 Chimney Rock Rd Houston, TX 77081 Policy Period: From 08/26/2024 to 03/07/2025 at 12:01 A.M. Standard Time at your mailing address shown above. IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. **Limits Of Insurance** Each Occurrence Limit: \$ 4,000,000 \$ 4,000,000 Aggregate Limit: Retained Limit / Each Occurrence: Premium \$ 2,800.00 Policy Premium: Terrorism Premium: \$ Not Covered Fees (Where Applicable): \$ 399.15 **Total Premium:** Payable At Inception \$ 3,199.15 Audit Period: ⊠ Not Applicable □ Annual □ Semi-Annual □ Quarterly □ Monthly Premium Basis: Rating Basis (If Subject To Audit) This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code, Chapter 225, Insurance Code, requires payment of a 4.85% (percent) tax on gross premium. **Producer Number, Name and Mailing Address** 210420 Appalachian Underwriters, Inc. P.O. Box 800 Oak Ridge, TN 37831 **Endorsements**

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:			
Per Forms Schedule			
Schedule Of Underlying Insurance			
Per Schedule Of Underlying Insurance			
- Γhese declarations, together with the Coverage Form and any Endorsement(s), complete the above			

numbered policy.

Solution is together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned:	08/29/2024	By:	
	DATE	-	AUTHORIZED REPRESENTATIVE

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