



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2022

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).

|                             |  |  |                                    |
|-----------------------------|--|--|------------------------------------|
| <b>PRODUCER</b>             |  | <b>CONTACT NAME:</b> Brian Merritt                   |                                    |
| Mrazek Insurance Services   |  | <b>PHONE (A/C, No, Ext):</b> 541-788-7441            | <b>FAX (A/C, No):</b> 888-502-1336 |
| 1005 NW Galveston Ave       |  | <b>E-MAIL ADDRESS:</b> mrazek.ins@gmail.com          |                                    |
| Suite 215                   |  | <b>INSURER(S) AFFORDING COVERAGE</b>                 |                                    |
| Bend OR 97703               |  | <b>INSURER A:</b> Interstate Fire & Casualty Company | <b>NAIC #</b><br>22829             |
| <b>INSURED</b>              |  | <b>INSURER B:</b>                                    |                                    |
| United General Construction |  | <b>INSURER C:</b>                                    |                                    |
| PO Box 633                  |  | <b>INSURER D:</b>                                    |                                    |
| Santa Teresa NM 88008       |  | <b>INSURER E:</b>                                    |                                    |
|                             |  | <b>INSURER F:</b>                                    |                                    |

**COVERAGES****CERTIFICATE 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   | ADDL INSD                | SUBR WVD                 | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|--------------------------|--------------------------|----------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                   |                          |                          | SISAZGL0008202 | 1/5/2022                | 1/5/2023                | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            | Y                        | Y                        |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                          |                          |                |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                          |                          |                |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          | OTHER:  |                          |                          |                |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |   |                          |                          |                |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |   |                          |                          |                |                         |                         |   | \$           |
|          | <b>AUTOMOBILE LIABILITY</b>   |                          |                          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | <input type="checkbox"/> ANY AUTO   |                          |                          |                |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> | <input type="checkbox"/> |                |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> | <input type="checkbox"/> |                |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |                          |                          |                |                         |                         |   | \$           |
|          | <b>UMBRELLA LIAB</b>  |                          |                          |                |                         |                         | EACH OCCURRENCE                           | \$           |
|          | <input type="checkbox"/> OCCUR  |                          |                          |                |                         |                         | AGGREGATE                                 | \$           |
|          | <b>EXCESS LIAB</b>  |                          |                          |                |                         |                         |   | \$           |
|          | <input type="checkbox"/> CLAIMS-MADE  |                          |                          |                |                         |                         |   | \$           |
|          | DED   |                          |                          |                |                         |                         |   | \$           |
|          | RETENTION \$  |                          |                          |                |                         |                         |   | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                          |                          |                |                         |                         | PER STATUTE                               | OTH-ER       |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y / N                    | N / A                    |                |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |                          |                          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |   |                          |                          |                |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |

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

Evidence of Insurance Only

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| City of El Paso<br>811 Texas Ave<br><br>El Paso TX 79901 | 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<br>  |

© 1988-2014 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

|  |                  |   |  |
|--|------------------|---|--|
| <b>AGENCY</b><br>Mrazek Insurance Services |                  | <b>NAMED INSURED</b><br>United General Construction<br>PO Box 633 |  |
| <b>POLICY NUMBER</b>                       |                  | <b>EFFECTIVE DATE:</b>  |  |
| <b>CARRIER</b>                             | <b>NAIC CODE</b> | Santa Teresa, NM, 88008   |  |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

*(This area is intentionally left blank for additional remarks.)*