



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/15/2018

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).

PRODUCER Hiscox Inc. 520 Madison Avenue, 32nd Floor New York, NY 10022	<table style="width: 100%; border: none;"> <tr> <td colspan="3" style="font-size: x-small; border: none;">CONTACT NAME:</td> </tr> <tr> <td style="font-size: x-small; border: none;">PHONE (A/C No. Ext):</td> <td style="border: none;">978.344.4200</td> <td style="font-size: x-small; border: none;">FAX (A/C, No):</td> </tr> <tr> <td colspan="3" style="border: none;">E-MAIL ADDRESS: contactus@insurancebee.com</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: x-small; border: none;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="font-size: x-small; border: none;">INSURER A:</td> <td style="border: none;">Hiscox Insurance Company Inc.</td> <td style="font-size: x-small; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">10200</td> </tr> <tr> <td colspan="3" style="border: none;">INSURER B:</td> </tr> <tr> <td colspan="3" style="border: none;">INSURER C:</td> </tr> <tr> <td colspan="3" style="border: none;">INSURER D:</td> </tr> <tr> <td colspan="3" style="border: none;">INSURER E:</td> </tr> <tr> <td colspan="3" style="border: none;">INSURER F:</td> </tr> </table>	CONTACT NAME:			PHONE (A/C No. Ext):	978.344.4200	FAX (A/C, No):	E-MAIL ADDRESS: contactus@insurancebee.com			INSURER(S) AFFORDING COVERAGE			INSURER A:	Hiscox Insurance Company Inc.	NAIC #			10200	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURED Revive Cleaning Service LLC 4540 W 34th Suite G Houston TX 77092																																		

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"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="border: none;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Y	N	32893745-GL	02/28/2017	02/28/2018	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border: none;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td style="border: none;">MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td style="border: none;">PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td style="border: none;">GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td style="border: none;">PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ S/T Gen. Agg</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					<table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">PER STATUTE</td> <td style="border: none; text-align: center;">O-T-H-E-R</td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>		PER STATUTE	O-T-H-E-R	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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E.L. DISEASE - POLICY LIMIT		\$																			

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

Napa Treasure Bay, LLC Treasure Bay Apartments, Place 10 Residential is included as additional insured as their interest may appear as required by written contract.

CERTIFICATE HOLDER Napa Treasure Bay, LLC Treasure Bay Apartments, Place 10 Residential 415 Garland Dr Lake Jackson TX 77566	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. AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;"> </div>
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