CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Tł	HIS CERTIFICATE IS ISSUED AS A	MAT	TER	OF INFORMATION ONLY	AND	CONFERS N	NO RIGHTS		1/31/20 E HOL		
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).											
PRO	DUCER				CONTACT Fatima Flores						
Sheaner Insurance, LLP						PHONE (A/C, No, Ext): (214) 823-3003 FAX (A/C, No): (888) 607-1754					
	bert M. Sheaner, Jr. Insurance Age	ncy			E-MAIL ADDRESS: agent@sheanerinsurance.com						
P.O. Box 140535						INSURER(S) AFFORDING COVERAGE					
Dallas, Texas 75214						INSURER A : Sentinel Insurance Co. Ltd. (Hartford)					
INSURED SOL Shading Solutions, LLC						INSURER B : Hartford Ins. Co. of the Midwest (Hartford)					
	2168 Diplomat Drive	20			INSURER D :					22945	
Farmers Branch, Texas 75234						INSURER E :					
						INSURER F :					
				ENUMBER:	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.											
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN R	EDUCED BY	PAID CLAIMS. POLICY EXP				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		0.000	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<u>\$</u> 1,00 • 1.00		
~	X Deductible - \$500.00	*	*	46 SBA IU2838 SC		1/21/2017	1/21/2018	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 10,000		
	X Umbrella follows form							PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
_						4/04/0017	1/04/0010	(Ea accident)	\$ 1,000,000		
В	X ANY AUTO	*	*					BODILY INJURY (Per person) BODILY INJURY (Per accident)			
	AUTOS ONLY A AUTOS			46 UEC AP7817 SC		1/24/2017	1/24/2018	PROPERTY DAMAGE	э \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
Α	UMBRELLA LIAB X OCCUR	* *			1/21/2017		1/21/2018	EACH OCCURRENCE	_{\$} 6,00	0,000	
	EXCESS LIAB CLAIMS-MADE		*	46 SBA IU2838 SC		1/21/2017		AGGREGATE	_{\$} 6,00	0,000	
	DED X RETENTION \$10,000							Y PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A				1/22/2017	1/22/2018	▲ STATUTE ER	. 1 00	0.000	
С	NY PROPRIETOR/PARTNER/EXECUTIVE		Y	SBP-0001281745					<u>\$ 1,00</u> \$ 1,00	1	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	<u>\$ 1,00</u> \$ 1,00	,	
									ψ., σσ	-,	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI				lule, may	be attached if m	ore space is req	uired)			
* S	ee Additional Remarks Schedule -	Acord	101	(2008/01)							
Wo	rkers Compensation Excluded Owr	ore/(Office	ore/Partnore - Charlos A	hida M	ark Abida (Grag Abida				
**0	Theis compensation Excluded Own	1013/0	JIIIC	ers/Faithers - Charles A	Diae, IV	aik Abiue,	arey Ablue				
CEF	RTIFICATE HOLDER				CANC	ELLATION					
"EVIDENCE OF COVERAGE"						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
3						AUTHORIZED REPRESENTATIVE					

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AGENCY CUSTOMER ID: SOL Shading Solutions, LLC

LOC #: <u>1</u>_____

ADDITIONAL REMARKS SCHEDULE

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ADDITIONAL											
AGENCY		NAMED INSURED									
Sheaner Insurance, LP		SOL Shading Solutions, LLC									
POLICY NUMBER		2168 Diplomat Drive									
46 SBA IU2838 SC / 46 UEC AP7817 SC / SBP-0001281745		Farmers Branch, Texas 75234									
CARRIER	NAIC CODE										
Sentinel Ins Co / The Hartford / Texas Mutual		EFFECTIVE DATE: 01/21/2017									
ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	≀D FORM,										
FORM NUMBER: 25 FORM TITLE: Certificate of Insurance											
ADDITIONAL INSURED, with regards to General Liability and Business Automobile; Other Person(s) or Organization(s) are named as Additional Insured with respects to General Liability and Business Automobile Liability if; required by written contract, written agreement or permit, for the the period of time required by the contract, agreement or permit; while in the performance of the insured's on-going operations for the certificate holder or in connection with "your work" performed for the certificate holder and included within the Products & Completed Operations hazard. (SS0008, 4/05) WAIVER OF SUBROGATION, with regards to General Liability and Business Automobile; Other Person(s) or Organization(s) are granted Waiver of Subrogation with respects to General Liability and Business Automobile Liability if; the insured has waived any rights of recovery against any person or organization for all or any part of any payment, including Supplemental Payments, we have made under this coverage part, we also waive that right provided the insured waived their rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage. (SS0008, 4/05) This insurance will be Primary & Non-Contributory with respects to General Liability and Business Automobile Liability if; the insured has agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the certificate holder's own insurance, this insurance is primary and we won't seek contribution from that other insurance (SS0008, 4/05)											
Certificate Holder will be given 30 days notice of cancellation; except 10 days for non-payment of premium on General Liability policy, (SS1224 06/11) and Business Auto policy, (IH0307, 06/11)											
General Liability Aggregate Limits apply on a per project basis (SS0433, 04/05)											
WAIVER OF SUBROGATION, with regards to Workers Compensation; Schedule; Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver. We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us. (WC420304B)											
Workers Compensation policy covers Texas employees as defined under the Texas Labor Code.											