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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/18/2010

									2/10/2010					
PRODUCER (903) 561-8484 Hibbs-Hallmark & Company 501 Shelley Drive							(903) 561-8484	ONLY AN HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
P.O. Box 8357 Tyler, TX 75711								INSURERS A	INSURERS AFFORDING COVERAGE					
INSL	IRED		Pine (	Cove,	Inc.				INSURER A: Markel Ins Co					
				3ox 90					INSURER B: INSURER C:					
			Tyler,	TX 75	711-9	055								
								INSURER D:						
		1							INSURER E:					
СО	VER/	\GE						1						
A M	NY RE Ay Pe	EQUI ERTA	REMEN IN, THE	IT, TERI E INSUR	M OR C	CONDITIC AFFORDE	LOW HAVE BEEN ISSUED TO TH DN OF ANY CONTRACT OR OTH ED BY THE POLICIES DESCRIBE AY HAVE BEEN REDUCED BY PA	HER DOCUMENT WITH D HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE N	ЛΑΥ	BE ISSUED OR		
INSR LTR	ADD'L INSRD		TYF	E OF INS	SURANCI	E	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	s			
			IERAL LI			_			DATE (MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000		
Α		X	COMME	RCIAL GI	ENERAL	LIABILITY	8502CY3127881	4/30/2009	4/30/2010	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000		
				AIMS MA		_				MED EXP (Any one person)	\$	10,000		
						_				PERSONAL & ADV INJURY	\$	1,000,000		
										GENERAL AGGREGATE	\$	2,000,000		
		GEN	I'L AGGR	EGATE L	IMIT APF	PLIES PER:				PRODUCTS - COMP/OP AGG	\$	1,000,000		
		X	POLICY	P	RO- ECT	LOC								
		AUT	OMOBIL ANY AU	<b>E LIABILI</b> TO	TY	_				COMBINED SINGLE LIMIT (Ea accident)	\$			
				'NED AUT						BODILY INJURY (Per person)	\$			
			HIRED A	AUTOS VNED AU	ITOS					BODILY INJURY (Per accident)	\$			
										PROPERTY DAMAGE (Per accident)	\$			
	GARAGE LIABILITY								AUTO ONLY - EA ACCIDENT	\$				
	ANY AUTO									OTHER THAN AUTO ONLY:  EA ACC AGG				
		EXCESS / UMBRELLA LIABILITY			TY				EACH OCCURRENCE	\$				
	OCCUR CLAIMS MADE				CLAII	MS MADE				AGGREGATE	\$			
											\$			
DEDUCTIBLE				TIBLE		•					\$			
RETENTION \$							X/			WO OTATE	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						V/N				WC STATU- OTH- TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					IVE	_			E.L. EACH ACCIDENT	\$				
(Mandatory in NH)  If yes, describe under					-					E.L. DISEASE - EA EMPLOYEE	\$			
	SPEC	CIAL F	ROVISIO	NS below	/					E.L. DISEASE - POLICY LIMIT	\$			
	ОТНЕ	ER												
DFS	CRIPTI	ON O	F OPFR4	TIONS /	LOCATIO	NS / VFHIC	LES / EXCLUSIONS ADDED BY ENDO	RSEMENT/SPECIAL PRO	VISIONS					
OFFITIELOATE HOLDER														
CERTIFICATE HOLDER									CANCELLATION					
For Information Purposes Only -						urpose	es Only	DATE THEREOF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $10$ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
									REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					
								AS THORIZED IVE						

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.