

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2025

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).											
_	DUCER		, C. t	outo Horadi III II da di Gadi	CONTACT Nina Glover						
Pathway Insurance Group						PHONE (251) 279-6373 FAX					
753 Nichols Avenue						(A/C, No, Ext): (A/C, No): E-MAIL nina@pathwayinsgroup.com					
Fairhope AL 36532						INSURER A: The Gray Insurance Company				NAIC #	
INSURED						INSURER B: Lloyds of London					
CrowderGulf LLC					INSURER C :						
5629 Commerce Blvd. E						ISURER D :					
					INSURER E :						
Mobile				AL 36619	INSURER F :						
COVERAGES CER			ATF I	NUMBER: CL246191472							
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		ADDLISUBRI			POLICY		POLICY EXP	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000	
							07/01/2025	DAMAGE TO RENTED	\$ 100,		
	CLAIMS-MADE OCCUR							Tremozo (za occanonco)	φ		
A				XSGL-100090		07/01/2022		(, , , , , , , , , , , , , , , , , , ,	4.00	0,000	
``				7.002 100000		0170172022	0170172020		2.00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								2.00	0,000	
	POLICY JECT LOC								\$ 3,00		
	AUTOMOBILE LIABILITY ANY AUTO						07/01/2025	COMBINED SINGLE LIMIT	\$ 1,00	0.000	
								(Ea accident)	\$		
A	OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED			XSAL-100100		07/01/2022		` ' '	\$		
l ^`				NONE 100100	0170172022	0170172022	0170172020	PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
-	➤ UMBRELLA LIAB ➤ OCCUR								4.00	0,000	
A	EVOLUE IND			GXS-100277		07/01/2024	07/01/2025	271077 0000711121102	4.00	0,000	
l ^`	CLAIIVIS-IVIADE			G//G 100277		0770172024	01/01/2020		Ψ .	0,000	
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH-	\$		
A								· · · · · ·	. 1.00	0,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		GWC-100174		07/01/2022	07/01/2025		4 00	0,000	
	(Mandatory in NH) If yes, describe under								\$ 1,000 \$ 1,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00		
l _R	Professional Liability			LL00226-04		10/15/2024	10/15/2025	Per Occurrence	2 00	0,000	
				LL00220-04		10/13/2024	10/13/2023	Aggregate Limit			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
The	certificate holder is an additional insured or	all po	olicies	except Workers' Compensati	on and	is provided a W	aiver of Subro	gation, all when required by			
	written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, when										
required by written contract											
<u> </u>											
CERTIFICATE HOLDER						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.					
City of Angelton						ACCOMPANDE WITH THE FOLIOT FROMOIONS.					
121 South Velasco						AUTHORIZED REPRESENTATIVE					

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Angelton

TX 77515