



## Certificate of Coverage

<b>TMLIRP Contract Number:</b> 8259	<b>Member:</b> Leon Valley Ms. Lisa Hernandez Human Resources Director 6400 El Verde Rd Leon Valley, Texas 78238-2399	<b>Company Affording Coverage:</b> Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
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<b>Certificate Holder:</b> Haven for Hope 1 Haven for Hope Way San Antonio, Texas 78207
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**This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s). Coverage is continuous until canceled.**

<b>General Liability</b> Effective Date: 10/1/2023 Anniversary Date: 10/1/2024 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$0	<b>Real &amp; Personal Property</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																																	
<b>Law Enforcement Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	<b>Mobile Equipment</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																																	
<b>Errors and Omissions Liability</b> Effective Date: 10/1/2023 Anniversary Date: 10/1/2024 Limits of Liability(Each Wrongful Act): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$5,000	<b>Boiler &amp; Machinery - Broad Form</b> Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____																																	
<b>Auto Liability</b> Effective Date: 10/1/2023 Anniversary Date: 10/1/2024 Limits of Liability (Each Occurrence): \$1,000,000 Deductible per Occurrence: \$0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>Mortgagee</td> <td></td> <td></td> </tr> <tr> <td>Loss Payee</td> <td></td> <td></td> </tr> <tr> <td>Loan Number:</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Mortgagee			Loss Payee			Loan Number:																							
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<b>Auto Physical Damage</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Year/Make/Model</th> <th style="width: 20%;">VIN</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year/Make/Model	VIN	Value																														
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**DESCRIPTION:**  
 Confirmation of coverage. General Liability/Errors & Omissions Liability/Automobile Liability coverages are primary and non-contributory.

*Cancellation:* Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

**Authorized Representative: Louis Canales**

**Date Issued:**

2/27/2024