

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

CSALAMONE

DATE (MM/DD/YYYY) 6/27/2023

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 liquid found and recomposition.

li ti	· SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the po uch end	licy, certain ¡ lorsement(s)	oolicies may	require an end	dorsemen	t. As	tatement on							
JOHNSON, Kendall & Johnson, Inc. 109 Pheasant Run Newtown, PA 18940 INSURED Texas Born Amusements						CONTACT NAME: PHONE (A/C, No, Ext): (215) 968-4741 E-MAIL ADDRESS: info@jkj.com												
													INSURER(S) AFFORDING COVERAGE					NAIC #
													INSURER A: Everest National Insurance Company					10120
						INSURER B:												
						INSURER C:												
						dba Jack Jeffery 8325 Broadway Suite 202 Pearland, TX 77581					INSURER D :							
											INSURER E :							
						INSURER F:												
CC	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:									
II C	HIS IS TO CERTIFY THAT THE POLICII WIDICATED. MOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS							
INSF	TYPE OF INQUIPANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s								
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVVD			(MIN/DD/1111)	(MIM/DD/1111)	EACH OCCURREN		\$	1,500,000							
	CLAIMS-MADE X OCCUR			SI8ML02015-231		5/28/2023	5/28/2024	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	500,000							
								MED EXP (Any one	•	\$	2,000,000							
								PERSONAL & ADV		\$	3,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							GENERAL AGGRE		\$	2,000,000							
	POLICY JECT X LOC OTHER:							PRODUCTS - COM		\$								
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$								
	ANY AUTO							BODILY INJURY (F	Per person)	\$								
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F		\$								
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	.GE	\$								
										\$								
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$										
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$								
	DED RETENTION \$							PER	OTH-	\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$								
	If yes, describe under							E.L. DISEASE - EA										
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$								
The	CERIPTION OF OPERATIONS / LOCATIONS / VEHIC City of Sweeny, TX is named as an Add eral Liability.	LES (A	ACORI al Ins	0 101, Additional Remarks Scheduured with respects to the	ile, may b operation	e attached if mor ons of the Nau	e space is requi med Insured	red) where required	by written	conti	act for							
The City of Sweeny, TX 102 W. Ashley Wilson Road P.O. Box 248 Sweeny, TX 77480						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												