ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/09/2021

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).									
	UCER		CONTA NAME:			ınd			
Roach Howard Smith and Barton			MAME: Sitewist Hagituit PHONE (A/C, No, Ext): (972) 744-2709 FAX						
	0 N. Central Expressway te 500		E-MAIL ADDRESS:						
Dallas TX 75231				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: Deep East SIF					
INSURED (972) 758-3831				INSURER B: Texas Political Subdivisions					
Collin County Community College District									
P.O. Box 8021				INSURER C :					
MCK	inney TX 75070			INSURER E :					
CO	ERAGES CERTIFICATE	UMBER:Cert ID 49				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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
в	X COMMERCIAL GENERAL LIABILITY			,, 22 , 1111		EACH OCCURRENCE \$	5,000,000		
	CLAIMS-MADE X OCCUR			11/01/2020	11/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
						MED EXP (Any one person) \$	Excluded		
						PERSONAL & ADV INJURY \$	5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	5,000,000		
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	5,000,000		
	OTHER:					\$			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	5,000,000		
в	X ANY AUTO			11/01/2020	11/01/2021	BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$			
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)			
						\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$			
	DED RETENTION \$					\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			09/01/2020	09/01/2021	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT \$	1,000,000		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000		
						\$			
						\$			
n									
	RIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 10 Student painting Public Mural Project			e attached if more	e space is require	ed)			
•									
6									
CERTIFICATE HOLDER				ELLATION					
Colton Tapp				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
2250 Sachse Road				AUTHORIZED REPRESENTATIVE					
				Bart Tucker					
Sachse TX 75043									
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ACORD 25 (2016/03)

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