

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2024

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).

4570 Westgrove Dr.  Suite 273 Addison TX 75001  INSURER A: WESCO INS CO  INSURER B:  INSURER C:  INSURER C:  INSURER B:  INSURER B:  INSURER C:  INSURER B:  INSURER C:  INSURER B:  INSURER C:  INSURC C:  INSURER C:  INSURC	
Solidarity Insurance	NAIC # 25011
ASTO Westgrove Dr.   Suite 273	25011  E POLICY PERIOD
NSURER 273   NSURER 6:   NSURER 8:   NSU	25011  E POLICY PERIOD
Addison TX 75001 INSURER A: WESCO INS CO  INSURER B: INSURER C: INSURER C: INSURER B: INSURER C: INSURER B: INSURER C: INSURER B: INSURER C: INSURER C: INSURER B: INSURER C: INSURER C: INSURER C: INSURER F:  COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY ONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSIR TYPE OF INSURANCE NODE NOT THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSIR TYPE OF INSURANCE NODE NODE NOT THE INSURANCE AFFORDED BY THE POLICY SET OF A COUNTRING. IN THE INSURANCE AFFORDED BY THE POLICY SET OF	25011  E POLICY PERIOD
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EXCESS LIAB CLAIMS-MADE AGGREGATE \$	
DED RETENTION\$	
WORKERS COMPENSATION PER CTATUTE COM-	
AND EMPLOTERS LIABILITY  Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE  E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)    N/A	
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
Policy Requires 10 Day written notice for cancellation.	
CERTIFICATE HOLDER CANCELLATION	
CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE	