Client#: 746 **WASHIBIR** 

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/19/2018

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 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).

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PRODUCER	CONTACT NAME:	
Haas & Wilkerson Insurance	PHONE (A/C, No, Ext): 913 432-4400 FAX (A/C, No):	
4300 Shawnee Mission Parkway Fairway, KS 66205 913 432-4400	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: ACE American Insurance Company	22667
Washington's Birthday Celebration Association Inc. 1819 E. Hillside Road Laredo, TX 78041	INSURER B : Berkley National Insurance Comp	38911
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES CERTIFICATE NUMBER: 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.

	ADDL SUBR					•
	INSR WVD	POLICY NUMBER	1			T T
GENERAL LIABILITY		G20661628	11/22/2018	11/22/2019		\$1,000,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$Excluded
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$5,000,000
POLICY PRO- JECT X LOC					Liquor	\$1,000,00
AUTOMOBILE LIABILITY		H08155604	11/22/2018	11/22/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ANY AUTO					BODILY INJURY (Per person)	\$
ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						\$
UMBRELLA LIAB X OCCUR		XCPN00733234	11/22/2018	11/22/2019	EACH OCCURRENCE	\$2,000,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
DED RETENTION \$						\$
WORKERS COMPENSATION					WC STATU- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$
(Mandatory in NH)	117.6				E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Equipment Floater		MNP1002841	11/22/2018	11/22/2019	50,000 Misc Rented	
					1,000 Deductible	
					•	
	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY JECT X LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X AUTOS NON-OWNED AUTOS  Y EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X AUTOS NON-OWNED AUTOS  Y HIRED AUTOS X OCCUR  UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE  GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO X LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X EXCESS LIAB  CLAIMS-MADE  DED RETENTION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below)  POLICY PRO ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below)  G20661628  11/22/2018  11/22/2018  11/22/2018	TYPE OF INSURANCE INSTRUMENT POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) POLICY PROMOTON TO MAIN TO MAIN AUTO ALL OWNED AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X AUTOS X EXCESS LIAB CLAIMS-MADE X OCCUR X EXCESS LIAB CLAIMS-MADE X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXCEUTIVE OFFICE/PROPRATNER/EXCEUTIVE OFFICE/PROPR	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY JECT X LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X AUTOS  WORKERS COMPENSATION  AND EMPLOYMEND  AUTOS  X EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  AND PROPRIETOR PARTNER/EXECUTIVE OFFICE/RM-MEDER EXCLUDED?  (Mandatory in NI)  If yes, describe under EXCLUDED?  ELL. DISEASE - POLICY LIMIT  ELL. DISEAS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Governmental Entity (Form CG2026/LD-22318)

The certificate holder is named as an additional insured on the general liability policy but only with respect to liability arising out of the named insured's operations or premises owned by or rented to the named insured per form CG2026/LD-22318.

CERTIFICATE HOLDER	CANCELLATION		
County of Webb 1000 Houston Street Laredo, TX 78041	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		
	William R. L. Laker		

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