



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/15/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marsh McLennan Agency</b> <b>221 West 6th Street, Suite1400</b> <b>Austin, TX 78701</b> <b>512 453-0031</b>	<b>CONTACT NAME:</b> Toni Saldana, CRIS <b>PHONE (A/C, No, Ext):</b> 512 453-0031 <b>FAX (A/C, No):</b> 512 453-0041 <b>E-MAIL ADDRESS:</b> toni.saldana@MarshMMA.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Cincinnati Indemnity Company</td> <td>23280</td> </tr> <tr> <td>INSURER B : Texas Mutual Insurance Company</td> <td>22945</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Indemnity Company	23280	INSURER B : Texas Mutual Insurance Company	22945	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> <b>BHW Operating Company LP; dba UCS; UCS</b> <b>Cleaning; UCS Restoration</b> <b>1834 Ferguson Lane # 1000</b> <b>Austin, TX 78754</b>															

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI Ded:1,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP0449255	07/17/2022	07/17/2023	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>1,000,000</b>
							MED EXP (Any one person)      \$ <b>10,000</b>
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>2,000,000</b>
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0449255	07/17/2022	07/17/2023	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b>
							BODILY INJURY (Per person)      \$
							BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			ENP0449255	07/17/2022	07/17/2023	EACH OCCURRENCE      \$ <b>5,000,000</b>
							AGGREGATE      \$ <b>5,000,000</b>
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   Y / N <input checked="" type="checkbox"/> N    N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0001266823	07/17/2022	07/17/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT      \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE      \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT      \$ <b>1,000,000</b>

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

CERTIFICATE HOLDER                                  CANCELLATION

<b>CERTIFICATE HOLDER</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Marsh Wortham, a division of Marsh USA Inc