

AJSCONS-01

CONTIVEROS

5/12/2021

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.

CERTIFICATE OF LIABILITY INSURANCE

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)

t	his certificate does not confer rights t	o the	cert	ificate holder in lieu of si	-							
	DUCER		CONTACT Ruth Ward									
W.M. Jones & Company, Inc. 11111 Wilcrest Green Drive, Suite 420						PHONE (A/C, No, Ext): (713) 465-0766 FAX (A/C, No): (713) 465-0421						
Hou	uston, TX 77042		E-MAIL ADDRESS: ruthw@wmjonesco.com									
INSURED AJ's Construction Services LLC						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Scottsdale Insurance Company					41297	
						INSURER B : Texas Mutual Insurance Company 22945						
						INSURER C :						
3809 Melbourne Houston, TX 77026					INSURE			-				
					INSURE						-	
					INSURER F:							
CO	VERAGES CER	NUMBER:	REVISION NUMBER:									
T II	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OF REQUIF PERT	REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	RED NAMED ABO R DOCUMENT WI SED HEREIN IS S	VE FOR TH	CT TO	O WHICH THIS	
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
A	X COMMERCIAL GENERAL LIABILITY					(Interpoliting)	(MINIO DI TTTT)	EACH OCCURREN		s	1,000,000	
	CLAIMS-MADE X OCCUR			CPS7284059		12/31/2020	12/31/2021	DAMAGE TO RENT PREMISES (Ea occ	ED	¢	100,000	
								MED EXP (Any one		•	5,000	
								PERSONAL & ADV		•	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		•	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					*****		X PER STATUTE	OTH- ER	Ψ		
				0001314496		10/20/2020	10/20/2021	E.L. EACH ACCIDE		\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		-	1,000,000	
								L.L. DIOLAGE -1 O	LIOT LIVIT	Ψ		
whe Con only	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC General Liability policy includes a blan in there is a written contract between the opensation policies include a blanket au when there is a written contract between cial endorsement with Primary and Non	e nam itomat en the	ed ir tic w nam	nsured and the certificate aiver of subrogation endo ned insured and the certifi	holder t rsemen	hat requires that requires	such status. es waiver of s	The General Liabubrogation state	bility and to the d	Work ertifi	ers icate holder	
CERTIFICATE HOLDER					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							
			C pay for									