

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
EFFEC-2

DATE (MM/DD/YYYY)
09/23/09

PRODUCER Insurance Alliance 1776 Yorktown, #200 Houston TX 77056 Phone: 713-966-1776 Fax: 713-966-1700	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Effective Environmental, Inc. 2515 S. Beltline Rd. Mesquite TX 75181	INSURER A: American Intl. Specialty Ins Co	26883
	INSURER B: Commerce & Industry Ins Co	19410
	INSURER C: Texas Mutual Ins Co	22945
	INSURER D: Argonaut Insurance Co	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PROP12427439	09/23/09	09/23/10	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000
	<input checked="" type="checkbox"/> Contractors Pollu	PROP12427439	09/23/09	09/23/10	MED EXP (Any one person) \$ 10000
	<input checked="" type="checkbox"/> Professional-CM	PROP12427439	09/23/09	09/23/10	PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2000000	
B	AUTOMOBILE LIABILITY				
	<input checked="" type="checkbox"/> ANY AUTO	CA7574012	09/23/09	09/23/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ALL OWNED AUTOS	INCL TRANSPORTATION POLLUT			BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS	INCL MCS-90 & FORM E FILE	09/23/09	09/23/10	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	CA7574012	09/23/09	09/23/10	PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS	CA7574012	09/23/09	09/23/10	
<input checked="" type="checkbox"/> Hired Car Phys Da	CA7574012	09/23/09	09/23/10		
<input checked="" type="checkbox"/> Phys Dam Deductib	\$5,000 COMP & COLL	09/23/09	09/23/10		
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
A	EXCESS/UMBRELLA LIABILITY				
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	PROU12435606	09/23/09	09/23/10	EACH OCCURRENCE \$ 9000000
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$ 9000000
	<input checked="" type="checkbox"/> RETENTION \$10000				\$
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TSF0001136440 - TX	09/23/09	09/23/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 1000000
	If yes, describe under SPECIAL PROVISIONS below	WC47722828634 - OK	09/23/09	09/23/10	E.L. EACH ACCIDENT \$ 1000000
	OTHER				E.L. DISEASE - EA EMPLOYEE \$ 1000000
					E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is Additional Insured & provided Waiver of Subrogation when required by executed written contract and Certificate Holder is provided Waiver of Subrogation only on Workers Compensation when required by executed written contract.

CERTIFICATE HOLDER SAMPL01 SAMPLE CERTIFICATE For Information Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Harlan J. Berger</i>
--	--

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.