ELITE
RETAIL SERVICES, INC.

MAIN OFFICE ADDRESS: P.O. BOX 618
LAKE JACKSON, TX 77566 PHONE: 979-285-0712 FAX: 979-285-0714

INSURANCE REQUIREMENTS

Elite Retail Services, Inc. requires all contractors to meet the following insurance requirements:

Minimum requirements:

General Liability:	500,000
General Aggregate:	1,000,000
Personal Injury:	1,000,000 per occurrence
Workers Comp:	Statutory Limits

ELITE RETAIL SERVICES MUST BE LISTED AS ADDITIONAL INSURED. See attached sample.

If you are a sole proprietor and not required to carry Workers Compensation, we will require an affidavit or letter on your company's letterhead stating your status as a sole proprietor and confirming that no work will be performed by anyone other than yourself on our projects.

You must have this insurance certificate in to our office before starting any project. You can mail or fax this certificate. Please note: Insurance coverage must be current in order to receive payment.

Please provide a blanket insurance certificate when possible. If you reference a job then that certificate can only be used for that job – you will have to provide a certificate for every job that you do for us. If a blanket certificate is provided then we can use that to cover all jobs until it expires.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2008

PRODUCER (972)864-0400 FAX (972)278-8400
Davis-Dyer-Max, Inc.
a Member of the Insurors Group
P.O. Box 495429
Garland, TX 75049

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.

INSURED Elite Retail Services, Inc.
P.O. BOX 618
Lake Jackson, TX 77566-0618

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Co.	
INSURER B: American States Ins. Co.	
INSURER C:	
INSURER D:	
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC	BCS0016439	01/06/2015	01/06/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 500,000 $ 100,000 $ 5,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
B		**AUTOMOBILE LIABILITY** X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	24-BA-003712-1	01/06/2015	01/06/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		**EXCESS/UMBRELLA LIABILITY** X OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION $ 10,000	XLS0046595	01/06/2015	01/06/2016	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	XLS0046595	01/06/2015	01/06/2016	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Elite Retail Services, Inc. is included as an additional insured on the General Liability.

(*UMBRELLA & AUTO COVERAGE IS NOT REQUIRED, BUT WOULD BE SUGGESTED.)
WORKERS COMPENSATION IS REQUIRED OR A WAIVER SIGNED.

CERTIFICATE HOLDER

Elite Retail Services, Inc.
P O Box 618
Lake Jackson, TX 77566

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Charles Freeman/SM