Client#: 767410 VIKINPAINT

$ACORD_{m}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2024

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).

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PRODUCER	CONTACT Becca Dingwell					
INSPRO, a Marsh & McLennan	PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No):					
Agency LLC, Company	E-MAIL ADDRESS: Becca.Dingwell@Marshmma.com					
4000 Pine Lake Road	INSURER(S) AFFORDING COVERAGE					
Lincoln, NE 68506	INSURER A: Zurich American Insurance Company					
INSURED	INSURER B : American Guarantee and Liability Ins (Co 26247				
Viking Painting, LLC	INSURER C : XL Specialty Insurance Company	37885				
10905 Harrison Street	INSURER D : Colony Insurance Company	39993				
La Vista, NE 68128	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY	Х		GLO567923002	04/01/2024		EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE X OCCUR					-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X	BI/PD Ded:25000					_	MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			BAP567923202	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		, to you one!						(c. desident)	\$
В		UMBRELLA LIAB OCCUR			AUC631584202	04/01/2024	04/01/2025	EACH OCCURRENCE	\$9,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$9,000,000
		DED X RETENTION \$0							\$
С		RKERS COMPENSATION			RWC300177501	07/01/2024	07/01/2025	X PER STATUTE ER	
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					l l	E.L. EACH ACCIDENT	\$1,000,000
		CER/MEMBER EXCLUDED? Indatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1.000.000
	If ves	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	CL	Pollution			CSP308638	06/21/2024	06/21/2025	\$2,000,000 Limit	
Α	CL	Inland Ma			CPP567922900			\$2,000,000 Limit	
								, ,	
DESC	DESCRIPTION OF OPERATIONS / OCATIONS / VEHICLES (ACORD 101 Additional Pemarks Schedule, may be attached if more space is required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Killeen is listed as Additional Insured with respects to General Liability.

CERTIFICATE HOLDER	CANCELLATION			
City of Killeen 101 N College Street Killeen, TX 76541	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			
	J. C. 13.			

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