



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

0/00/2025

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 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).

INSURED Starco Construction Co, Inc. P.O. Box 538 Hempstead TX 77445	CONTACT NAME: [REDACTED] PHONE (A/C, No. Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]														
	License#: 3093 STARCON-01														
<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER B: [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER C: [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER D: [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER E: [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER F: [REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: [REDACTED]	[REDACTED]	INSURER B: [REDACTED]	[REDACTED]	INSURER C: [REDACTED]	[REDACTED]	INSURER D: [REDACTED]	[REDACTED]	INSURER E: [REDACTED]	[REDACTED]	INSURER F: [REDACTED]	[REDACTED]
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INSURER E: [REDACTED]	[REDACTED]														
INSURER F: [REDACTED]	[REDACTED]														

**COVERAGES**

CERTIFICATE NUMBER: 1636986585

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 IN 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 ENDORSEMENTS AND CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/YY)	POLICY EXP (MM/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			[REDACTED]	[REDACTED]	[REDACTED]	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION			[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The General Liability policy contains an blanket additional insured endorsement providing this coverage to the certificate holder when there is a written contract between the named insured and the certificate holder. The endorsement encompasses the use of CG 20 10 12 19 and CG20 37 12 19 editions. The General Liability policy also includes a blanket Waiver of Subrogation endorsement and a Primary and Non-Contributory endorsement providing coverage to the certificate holder when required by written contract. Per project aggregate applies to General Liability policy. The workers' compensation policy contains a blanket waiver of subrogation required by written contract. The umbrella will follow form of the controlling underlying policies. A blanket 30 day notice of cancellation, or 10 day notice if for non-payment, is attached to the general liability in favor of the certificate holder when required by a written contract or agreement.

**CERTIFICATE HOLDER****CANCELLATION**

Informational purposes only

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

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