ACORD CERTIFICATE OF LIABILITY INSURANCE								DATE(MM/DD/YYYY) 4/16/2018	
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 If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the te	rms and conditions of the	policy, certai	n polic		•			
PRODUCER				CONTACT Gay Sparka					
EMPLOYERS DIVERSIFIED INS 12850 Cedar Lane, Ste 100				PHONE (A/C, No. Ext): (936)856-8686 E-MAIL ADDRESS: gsparka@hughes.net					
Willis, TX 77378									
				INSURER(S) AFFORDING COVERAGE					
INSURED Aqua Marine Pools of Houston, LLC				INSURER A: Scottsdale Ins. Co.					
25730 I-45 North				INSURER C: AmTrust Ins. Co. of Kansas					
Spring, Tx 77386				INSURER D :					
				INSURER E :					
				INSURER F :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREN CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLICIE	IENT, TER N, THE INS	M OR CONDITION OF ANY CONTR SURANCE AFFORDED BY THE PO	RACT OR OTHE	R DOCUN BED HER	IENT WITH RESP	PECT TO WHICH THIS			
INST INST TYPE OF INSURANCE	ADDL SU	BR		S. CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
X COMMERCIAL GENERAL LIABILITY			(IVIIVI/L		(ז ד ד ו /סט (אוואר)	EACH OCCURRENCE		,000,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
				1 /1 0	2 (0 1 / 1 0	MED EXP (Any one person)	\$	5,000	
A Blanket AI-WOS	Blanket AI-WOS SPP 1538705-00			1/18	3/01/19	PERSONAL & ADV INJURY	\$ 1	,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2	,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGO			
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$ \$		
						(Ea accident)	•		
OWNED SCHEDULED						BODILY INJURY (Per person) BODILY INJURY (Per accident	\$) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	, ¢ \$		
AUTOS ONLY AUTOS ONLY						(Per accident)	э \$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	ծ Տ		
DED RETENTION \$						AGOREGATE	¢		
WORKERS COMPENSATION						X PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		KWC 1127546	3/2	8/18	3/28/19	E.L. EACH ACCIDENT	\$ 1	,000,000	
C OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	1	,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		,000,000	
						\$150,000 Rented/	Lea	sed	
B Installation Floater		CPS 2675593	6/2	9/17	6/29/18	Equipment			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		RD 101 Additional Remarks Schodule -	nav he attachod if	nore space	is required)				
Commercial General Liabilit						Insurance			
provides general liability	-						0		
the terms and conditions of	the p	policy.							
CERTIFICATE HOLDER	CANCELLA	CANCELLATION							
State Licensing Bo	ard fo	or Contractors							
2525 Quail Drive				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Baton Rouge, LA 70808-9042				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
insurance@lslbc.									
	AUTHORIZED	REPRES	ENTATIVE						
Andra Pribble - Brown									
I			Ana	ha i	Tribble - 1	Drow			
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