



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/18/2011

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).

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| <b>PRODUCER</b><br>Southwest Assurance Group, Inc.<br>12201 Merit Drive, Ste 795<br>Dallas TX 75251 |  | <b>CONTACT NAME:</b> Sherrel Breazeale<br><b>PHONE (A/C. No. Ext):</b> 214-691-5721 X-105<br><b>FAX (A/C. No):</b> 214-691-4961<br><b>E-MAIL ADDRESS:</b> sowston@southwestassurance.com<br><b>PRODUCER CUSTOMER ID #:</b> 00001971 |  |
| <b>INSURED</b><br>Ohlen Heating & Air Conditioning, LLC<br>PO Box 1053<br>Coppell TX 75019-1053     |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Depositors Insurance Company<br>INSURER B: Allied Property & Casualty Ins.<br>INSURER C: Texas Mutual Insurance Co.<br>INSURER D:<br>INSURER E:<br>INSURER F:                    |  |

**COVERAGES** CERTIFICATE NUMBER: 2011/2012 New Standard 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  |              |
|----------|--|-------------------------------------|-------------------------------------|-------------------|-------------------------|-------------------------|---|--------------|
| A        | <b>GENERAL LIABILITY</b>   |                                     |                                     |                   |                         |                         | EACH OCCURRENCE   | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |                                     |                                     |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)               | \$ 100,000   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ACPGLDO7204688500 | 1/1/2011                | 1/1/2012                | MED EXP (Any one person)                                | \$ 5,000     |
|          | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |                                     |                   |                         |                         | PERSONAL & ADV INJURY                                   | \$ 1,000,000 |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                     |                                     |                   |                         |                         | GENERAL AGGREGATE                                       | \$ 2,000,000 |
| B        | <b>AUTOMOBILE LIABILITY</b>  |                                     |                                     |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                     | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> ANY AUTO   |                                     |                                     |                   |                         |                         | BODILY INJURY (Per person)                              | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ACPBACP7204837119 | 1/1/2011                | 1/1/2012                | BODILY INJURY (Per accident)                            | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |                                     |                                     |                   |                         |                         | PROPERTY DAMAGE (Per accident)                          | \$           |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |                                     |                                     |                   |                         |                         |   | \$           |
|          | <input checked="" type="checkbox"/> NON-OWNED AUTOS  |                                     |                                     |                   |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ACPCAD7204688500  | 1/1/2011                | 1/1/2012                | EACH OCCURRENCE   | \$ 2,000,000 |
|          | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/>            | <input type="checkbox"/>            |                   |                         |                         | AGGREGATE   | \$ 2,000,000 |
|          | <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 0  |                                     |                                     |                   |                         |                         |   | \$           |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |                                     |                                     |                   |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHER        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input type="checkbox"/>            | <input type="checkbox"/>            | TSF0001154361     | 2/28/2011               | 2/28/2012               | E.L. EACH ACCIDENT                                      | \$ 1,000,000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   | <input checked="" type="checkbox"/> | N/A                                 |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE                              | \$ 1,000,000 |
|          |  |                                     |                                     |                   |                         |                         | E.L. DISEASE - POLICY LIMIT                             | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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| <b>CERTIFICATE HOLDER</b><br><br>This certificate has been issued as a sample of the insurance carried by the named insured. A certificate with your company name & address can be issued upon request. | <b>CANCELLATION</b><br><br>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<br><br>S Rickenbacher/SHEREL  |