

**VENDOR SAMPLE ONLY: ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO CONTRACT REQUIREMENTS**

**ACORD™**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/2012

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
<b>AGENT INFORMATION</b>		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : INSURANCE COMPANY NAME</b>	
<b>INSURED</b>		<b>INSURER B : INSURANCE COMPANY NAME</b>	
<b>CONTRACTOR/VENDOR INFORMATION</b>		<b>INSURER C : INSURANCE COMPANY NAME</b>	
		<b>INSURER D : INSURANCE COMPANY NAME</b>	
		<b>INSURER E : INSURANCE COMPANY NAME</b>	
		<b>INSURER F : INSURANCE COMPANY NAME</b>	

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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	<b>POLICY NUMBER</b>	01/01/2017 01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	<b>POLICY NUMBER</b>	01/01/2017 01/01/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>B</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	<b>POLICY NUMBER</b>	01/01/2017 01/01/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	<b>POLICY NUMBER</b>	01/01/2017 01/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

**MURPHY BUILDING , 9805 Katy Freeway, Houston, Texas 77024**

Additional Insured in favor of Metro National Corp., MNC-MB, LLC, Murphy-District No. 1, LLC, Murphy-District No. 2, LLC, Murphy-District No. 3, LLC (as tenants in common), and Transwestern Property Company SW GP, L.L.C. with regards to Automobile Liability, General Liability, and Umbrella Liability policies. Waiver of Subrogation in favor of Metro National Corp., MNC-MB, LLC, Murphy-District No. 1, LLC, Murphy-District No. 2, LLC, Murphy-District No. 3, LLC (as tenants in common), and Transwestern Property Company SW GP, L.L.C. with regards to all policies which will be considered Primary and Non-Contributory. Metro National Corp., MNC-MB, LLC, Murphy-District No. 1, LLC, Murphy-District No. 2, LLC, Murphy-District No. 3, LLC (as tenants in common) and Transwestern Property Company SW GP, L.L.C. are named as Alternate Employers on the Worker's Compensation policy. A 30-day notice of cancellation is provided to the certificate holder.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Murphy-District No. 1 Metro National Corporation 920 Memorial City Way, Suite 251 Houston, TX 77024	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