



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2013

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).

PRODUCER Michael D. O'Connor 1500 South Dairy Ashford Suite 106 Houston, TX 77077	CONTACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
INSURED Pipkins Enterprises, Charles Pipkins Jr. 802 Country Place #220 Houston, TX 77079	INSURER(S) AFFORDING COVERAGE NAIC # _____ INSURER A : Philadelphia Indemnity Insurance Company
	INSURER B : _____
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____
	INSURER F : _____

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

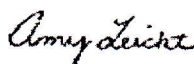
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
							WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY	X	X	PHSD874940	10/10/2013	10/10/2014	\$1,000,000 LIABILITY AND MEDICAL EXPENSE \$5,000 MEDICAL EXPENSES (PER PERSON) \$50,000 FIRE LEGAL LIABILITY

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

The policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The policy includes a waiver of subrogation endorsement that provides waiver of subrogation status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER City of Houston, Metro, Its Directors & Employees 1900 Main Street Houston, TX 77002	CANCELLATION 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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THE OCONNOR AGENCY
 1500 SDAIRYASHFORD106
 HOUSTON, TX 77077
 1-281-870-8110

Policy number: 08137618-2

Underwritten by:
 PROGRESSIVE COUNTY MUTUAL INS CO
 October 25, 2013
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured COMMUNITY AWARENESS 4544 POST OAK P HOUSTON, TX 77027	CHARLES PIPKINS JR PIPKINS ENTERPRISES 14781 MEMORIAL #179 HOUSTON, TX 77079	THE OCONNOR AGENCY 1500 SDAIRYASHFORD106 HOUSTON, TX 77077

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jul 8, 2013

Policy Expiration Date: Jul 8, 2014

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UNINSURED/UNDERINSURED MOTORIST	\$50,000/\$100,000
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$250 DED

Description of Location/Vehicles/Special Items

Scheduled autos only

2005 SUZUKI XL7 JS3TY92V454107749

Certificate number

29813NET618

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

THE OCONNOR AGENCY
1500 SDAIRYASHFORD106
HOUSTON, TX 77077
1-281-870-8110

PROGRESSIVE®

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Underwritten by:
PROGRESSIVE COUNTY MUTUAL INS CO
October 25, 2013
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Certificate of Insurance

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Additional Insured CITY OF HOUSTON PO BOX 61429 HOUSTON, TX 77208	CHARLES PIPKINS JR PIPKINS ENTERPRISES 14781 MEMORIAL #179 HOUSTON, TX 77079	THE OCONNOR AGENCY 1500 SDAIRYASHFORD106 HOUSTON, TX 77077

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