

<p>PRODUCER</p> <p>Trimble-Batjer San Antonio 404 East Ramsey Suite 104 San Antonio TX 78216-4665 Phone: 210-308-9438 Fax: 210-308-9540</p>	<p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b></p>												
<p>INSURED</p> <p>Gomez Floor Covering Inc. dba GFC 3816 Binz-Engleman Ste. B125 San Antonio TX 78219</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Security National Insurance Co</td> <td>19879</td> </tr> <tr> <td>INSURER B: Trinity Universal Ins Co.</td> <td>19887</td> </tr> <tr> <td>INSURER C: Texas Mutual Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Security National Insurance Co	19879	INSURER B: Trinity Universal Ins Co.	19887	INSURER C: Texas Mutual Ins. Co.		INSURER D:		INSURER E:	
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**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<p><b>GENERAL LIABILITY</b></p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p><input checked="" type="checkbox"/></p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>	SPP1001974	12/31/08	12/31/09	<p>EACH OCCURRENCE \$ 1000000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000</p> <p>MED EXP (Any one person) \$ 5000</p> <p>PERSONAL &amp; ADV INJURY \$ 1000000</p> <p>GENERAL AGGREGATE \$ 2000000</p> <p>PRODUCTS - COMP/OP AGG \$ 2000000</p>
A	X	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p> <p><input checked="" type="checkbox"/> Hired Phy Dmg</p> <p><input checked="" type="checkbox"/> Hired Phy Dmg</p>	SPP1001974	12/31/08	12/31/09	<p>COMBINED SINGLE LIMIT (Ea accident) \$ 1000000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
		<p><b>GARAGE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY: AGG \$</p>
B		<p><b>EXCESS/UMBRELLA LIABILITY</b></p> <p><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p><input type="checkbox"/></p> <p>DEDUCTIBLE</p> <p><input checked="" type="checkbox"/> RETENTION \$ 10000</p>	KMB1002781	12/31/08	12/31/09	<p>EACH OCCURRENCE \$ 5000000</p> <p>AGGREGATE \$ 5000000</p> <p>\$</p> <p>\$</p> <p>\$</p>
C		<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</p> <p>If yes, describe under SPECIAL PROVISIONS below</p>	TSF0001110408	12/31/08	12/31/09	<p><input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER</p> <p>E.L. EACH ACCIDENT \$ 1000000</p> <p>E.L. DISEASE - EA EMPLOYEE \$ 1000000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 1000000</p>
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Special Provisions: GL/Auto/WC incl blkt addt'l insd (except WC) & wvr of subro in favor of any person or org.as req'd by signed, written contract.

**CERTIFICATE HOLDER**

**CANCELLATION**

<p style="text-align: center;">SAMPLE-</p> <p style="text-align: center;">Sample Certificate</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>[Signature]</i></p>
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.