



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
8/12/2011

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> SMA Insurance Services 275 W. Campbell Rd, Ste 620 Richardson TX 75080 PHONE (A/C, No, Ext): (214) 342-3109 FAX (A/C, No): (214) 342-3960 CODE: AGENCY CUSTOMER ID: 00013514 INSURED In House Plumbing, LLC 601 N 1st St #C Garland TX 75040		<b>COMPANY</b> America First Insurance BINDER # B1181209684	
DATE EFFECTIVE TIME 8/15/2011 12:01		EXPIRATION TIME 9/14/2011 12:01 AM	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 7209228			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Plumbing contractor			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		1,000	80	\$25,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000		
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ 2,500 UNINSURED MOTORIST \$ 500,000		
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 1000 <input checked="" type="checkbox"/> OTHER THAN COL: 0/25	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE STATED AMOUNT \$		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	Owners are excluded	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
SPECIAL CONDITIONS / OTHER COVERAGES		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

**NAME & ADDRESS**

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE	
Steve Meleleu/SMAGEN	

TEXAS STATE BOARD OF PLUMBING EXAMINERS  
 PO Box 4200 • Austin, Texas 78765-4200  
 (800) 845-6584 • (512) 936-5200  
 info@tsbpe.state.tx.us



### CERTIFICATE OF INSURANCE

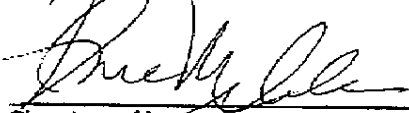
The Master Plumber shall furnish the Texas State Board of Plumbing Examiners with a currently completed Certificate of Insurance not later than 15 days after the expiration of this Certificate of Insurance. This Certificate of Insurance expires on the date that the below named policy expires. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate of Insurance neither affirmatively or negatively amends, extends, or alters the coverage afforded by the policy specified herein.

Master Plumber: <u>William Hoyle</u>	Master Plumber License #: <u>M 5556</u>
Business Name: <u>In House Plumbing &amp; Services, LLC</u>	Insurance Company: <u>America First</u>
Business Address: <u>601 N 1st St # C</u> Physical Number and Street	Policy Number: <u>7209230</u> (Binders not accepted)
<u>Garkand TX 75040</u>	Term Dates: <u>8-15-2011</u> / <u>8-15-2012</u> Effective / Expiration
Mailing Address (if different)	List all exclusions (other than standard) and all deductibles on the back of this page, or state here "THERE ARE NONE."
City, State, Zip Code	<u>there are none</u>
Business Phone: <u>( 972 ) 494-1750</u>	

Name of Insurance Agency: <u>SMA Insurance Services</u>	Name of Agent: <u>Steve Meleleu</u>
Insurance Agency Address: <u>275 W Campbell Rd #620</u>	Agent Phone: <u>( 214 ) 342-3109</u>
City: <u>Richardson</u> State: <u>TX</u> Zip Code: <u>75080</u>	

By my signature below, as an authorized insurance agent licensed to do business in the State of Texas, I hereby sign this certificate of insurance stating that the above policy meets the following minimum standards:

- (1) provides for commercial general liability insurance for the above named Master Plumber for claims for property damage or bodily injury, regardless of whether the claim arises from a negligence claim or on a contract claim; and
- (2) is in a coverage amount of not less than \$300,000 for all claims arising in any one-year period.

  
 Signature of insurance agent licensed to do business in Texas

Steve Meleleu  
 Printed Name

8-12-2011  
 Date

#### CERTIFICATE HOLDER:

Texas State Board of Plumbing Examiners  
 P.O. Box 4200  
 Austin, Texas 78765-4200  
 PHONE: (512) 936-5200  
 info@tsbpe.state.tx.us

#### CANCELLATION

Should any of the above described policies be cancelled or reduced, the insurance agent shall notify the Texas State Board of Plumbing Examiners (Certificate Holder) not more than 10 days after non-renewal or cancellation by the insured.