

CERTIFICATE OF LIABILITY INSURANCE

04/30/2024

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	CONTACT MITCHEL KALMANSON NAME:	
LESTER KALMANSON AGENCY, INC.	(A/C. No. EXI):	45-2810
&/OR MITCHEL KALMANSON	E-MAIL ADDRESS: MITCHEL@LKALMANSON.COM	
PO BOX 940008, MAITLAND, FL 32794	INSURER(S) AFFORDING COVERAGE	NAIC#
WWW.LKALMANSON.COM	INSURER A: KINSALE INSURANCE COMPANY	38920
INSURED	INSURER B:	
BLUEBONNET CARRIAGE CO. INC.	INSURER C :	
Kevin L. Dodd & Edward John Evans, Jr.	INSURER D :	
9960 Macaway #1, Adkins, TX 78101	INSURER E :	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1 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.

	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000.00
A	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00
	CLAIMS-MADE X OCCUR	-		01002968550	04/30/2024	04/30/2025	MED EXP (Any one person)	\$	0
	<u> </u>						PERSONAL & ADV INJURY	S	1,000,000.00
							GENERAL AGGREGATE	\$	2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s	2,000,000.00
l	¥ POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					l i	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	S	
								S	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	
l	EXCESS LIAB CLAIMS-MADE				1		AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				1		WC STATU- OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	S	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

ADDITIONAL INSURED(S): CITY OF SAN ANTONIO IS /ARE HEREBY ADDED AS ADDITIONAL INSUREDS ONLY AS THEIR INTEREST MAY APPEAR IN RESPECTS TO THE OPERATION(S) PERFORMED BY THE NAMED INSURED AND/OR THEIR EMPLOYEE(S) ONLY.

EVENT DATE(S): VARIOUS THROUGHOUT POLICY PERIOD. EVENT LOCATION(S): VARIOUS TRAVELING SAN ANTONIO,TX LOCATIONS CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED WITH A 30 DAY(S) NOTICE OF CANCELLATION

CERTIFICATE HOLDER	CANCELLATION
ATTENTION: GROUND TRANSPORTATION CITY OF SAN ANTONIO 442 9th ST.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
SAN ANTONIO, TX 78215	AUTHORIZED REPRESENTATIVE MITCHEL KALMANSON

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