

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/22/2024

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).

C	ertificate	holder in lieu of	such endors	eme	nt(s).	•		CONTA	O.T.						
PRODUCER  Rooke's Texas Hills Insurance 731 Main St			dille Incuranc	^				CONTA NAME:		Teres	sa Pope				
			Е			PHONE (A/C, No	o. Ext):	(325)	446-4843	FAX (A/C, No	FAX (A/C, No): (325)446-4844				
				TV	70040	È-MÁIL ADDRE		teres	a@rthi.org						
Junction				TX	76849-	ADDILL			011050(0) 45505	DINO COVEDAGE		NAIG #			
									Insi			NDING COVERAGE mpan		NAIC #	
INICI	IDED							INSURE	INSURER A : Insurors Indemnity Compan					+	
Friends of Guadalupe River				State	Park			INSURE	RB:						
Honey Creek State Park							INSURE	INSURER C : INSURER D :							
3350 Park Rd 31		l				INSURE									
Spring Branch					TX	TX 78070-		INSURER E :							
									INSURER F:						
COVERAGES CER					RTIFICATE NUMBER:				REVISION NUMBER:						
IN C E	IDICATED ERTIFICA XCLUSION	. NOTWITHSTAND TE MAY BE ISSUE	ING ANY REC ED OR MAY F	UIRE PERT POLIC	MENT AIN, T CIES.	T, TERN THE IN: LIMITS	OR CONDITION OF	ANY CO	ONTRAC THE PO EDUCEI	T OR LICIE D BY I	OTHER DOCU S DESCRIBED PAID CLAIMS.	MED ABOVE FOR THE PARKENT WITH RESPECT TO THEREIN IS SUBJECT TO	O WHICI	H THIS	
INSR LTR		TYPE OF INSURANCE	CE	ADDL INSR	SUBR		POLICY NUMBER		POLICY (MM/DD/	(EFF YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	GENERAL	LIABILITY		Х			4-0109444-16		01/29/2		01/29/2025	EACH OCCURRENCE	\$	500,000	
	X COM	MERCIAL GENERAL LI	ABILITY									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		CLAIMS-MADE	OCCUR									MED EXP (Any one person)	\$	5,000	
		OL MINIO-INIADL	50001									PERSONAL & ADV INJURY	\$	500,000	
	H -											GENERAL AGGREGATE	\$	1,000,000	
		00504754887488												1,000,000	
		GREGATE LIMIT APPLI										PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
	POLI	CY JECT BILE LIABILITY	LOC									COMBINED SINGLE LIMIT			
												(Ea accident)	\$		
		AUTO DWNED SC	HEDULED									BODILY INJURY (Per person)	\$		
	AUTO	DS L AU	TOS N-OWNED									BODILY INJURY (Per accident	-		
	HIRE		TOS									PROPERTY DAMAGE (Per accident)	\$		
													\$		
	UMB	RELLA LIAB	OCCUR									EACH OCCURRENCE	\$		
	EXCE	SS LIAB	CLAIMS-MADE									AGGREGATE	\$		
	DED	RETENTION \$											\$		
		COMPENSATION										WC STATU- OTH			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A								E.L. EACH ACCIDENT	\$			
										E.L. DISEASE - EA EMPLOYE	E \$				
If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY LIMIT	- \$			
DES	CRIPTION O	E OPERATIONS / LOCA	ATIONS / VEHICI	FS (A	ttach /	ACORD 1	01, Additional Remarks	Schadula	if more si	naca is	required)				
DES	CRIPTION	r OPERATIONS / LOCA	ATIONS / VEHICL	-E3 (A	illacii /	ACORD I	or, Additional Remarks	scriedule,	ii iiioie sį	pace is	requireu)				
CEI	CERTIFICATE HOLDER									CANCELLATION AI 001531					
Texas Parks & Wildlife Department 4200 Smith School Road Austin TX 78744-								ACC	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						
									AUTHORIZED REPRESENTATIVE						