



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2012

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).

<b>PRODUCER</b> Insurance Alliance 1776 Yorktown, Suite 200 Houston TX 77056	<b>CONTACT NAME:</b> Rebecca Newton <b>PHONE (A/C No., Ext):</b> 713-966-1706 <b>E-MAIL ADDRESS:</b> rnewton@ins-alliance.com	<b>FAX (A/C, No):</b> 713-966-1700
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PHOEN-2 Phoenix Pollution Control & Environmental Services, Inc. 7111 Decker Drive Baytown TX 77520	<b>INSURER A:</b> Westchester Surplus Lines Ins <b>NAIC #</b> 10172	
	<b>INSURER B:</b> ACE American Insurance Company <b>22667</b>	
	<b>INSURER C:</b> Texas Mutual Ins Co <b>22945</b>	
	<b>INSURER D:</b> One Beacon Insurance Co	
	<b>INSURER E:</b> London Underwriters	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1495785983 **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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contr Pollution <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			G23828443004	3/17/2011	3/17/2012	EACH OCCURRENCE \$1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000. MED EXP (Any one person) \$5,000. PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000. PRODUCTS - COMP/OP AGG \$2,000,000. \$
B	<b>AUTOMOBILE LIABILITY</b> <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			H08448310004	3/17/2011	3/17/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			G23828443004	3/17/2011	3/17/2012	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			TSF0001142609	3/17/2011	3/17/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D E	Equipment Floater incl rent/leased MEL			7900103600000 TRC404142	10/17/2011 10/21/2011	10/17/2012 10/21/2012	TIV 286923 MEL limit 1000000

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

The General Liability and Auto Liability policies include a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is an executed written contract between the named insured and the certificate holder that requires such status. The General Liability, Auto Liability and Workers' Compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is an executed written contract between the named insured and the certificate holder that requires it. The General Liability and Auto Liability policies contains a special endorsement with "Primary and Noncontributory" wording. See Attached...

### CERTIFICATE HOLDER

### CANCELLATION

Sample - For Information Purposes Only 7111 Decker Dr. Baytown TX 77520	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 <i>Harlan J. Berger</i>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Alliance		NAMED INSURED Phoenix Pollution Control & Environmental Services, Inc. 7111 Decker Drive Baytown TX 77520	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

The Excess policy is written to follow form of underlying GL, Auto, and Employers Liability.