

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2014

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).

CEITHORIE HOIGE WINCE OF COOK CHOOSE		<i>C.</i>	Localitact				
PRODUCER			TOTAL TOTAL	ie Pope	I EAV		
Pope Insurance Group,	LLC	PHONE (A/C, No, Ext): 512-515-6226 FAX (A/C, No): 866-480-7080					
PO Box 1627	E-MAIL ADDRESS: david@popeinsurance.net						
Cedar Park, TX 78630		ins	NAIC#				
			INSURER A: Evere	st National	Insurance Company		
INSURED			INSURER B:				
APM Outreach, Inc.		INSURER C:					
DBA Anchor Point	INSURER D:						
103 Davis Rd., Suite B	INSURER E:						
League City, TX 77573			INSURER F:				
COVERAGES CER	TIFICATI	E NUMBER: 00000932-1	115401		REVISION NUMBER:	13	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PERCEUSIONS AND CONDITIONS OF SUCH	UIREMEN RTAIN, TH POLICIES	VT, TERM OR CONDITION OF HE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	F ANY CONTRACT OF BY THE POLICIES DE BEEN REDUCED BY	ROTHER DOC SCRIBED HEF PAID CLAIMS	COMENT WITH RESPECT REIN IS SUBJECT TO ALL	IO WHI	JH IHIS
NSR TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	니베	ITS	
A GENERAL LIABILITY	Υ	8500000211-141	01/01/2014	01/01/2015	EACH OCCURRENCE	\$	1,000,000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	20,000
					PERSONAL & ADV INJURY	\$	1,000,000
					GENERAL AGGREGATE	\$	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	3,000,000
X POUCY PRO- JECT LOC						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED					BODILY INJURY (Per acciden	t) \$	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
HIRED AUTOS AUTOS						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	
					AGGREGATE	5	
						\$	
DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH	-	
AND EMPLOYERS' LIABILITY YIN					E.L. EACH ACCIDENT	1 s	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	AIM				E.L. DISEASE - EA EMPLOYE	- s	
(Mandatory in NH) If yes, describe under					E.L. DISEASE - POLICY LIMIT	1	
DÉSCRIPTION OF OPERATIONS below					E.E. DISENSE - FOLIOT LIMIT	 *	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Hope4Life Race April 12, 2014	ES (Attach	ACORD 101, Additional Remarks	J Schedule, If more space is	required)	J		
			CANCELLATION				······································
CERTIFICATE HOLDER			CANCELLATION				,
City of League City 500 W. Walker St. League City, TX 77573		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					
			Dorle	pe			(BSP)



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th	e terms and conditions of the policy ertificate holder in lieu of such endor	, certa seme	ain policies may require an e ent(s).			ement on th	is certificate does not conf	er rights to the		
PROI	DUCER			CONTACT NAME: Bonnie Pope						
	Pope Insurance Group	, LLC	С	PHONE (A/C, No, Ext): 512-515-6226 FAX (A/C, No): 866-480-7080						
	PO Box 1627	,		E-MAIL ADDRES	ss: davic	l@popeinsur				
	Cedar Park, TX 78630			INSURER(S) AFFORDING COVERAGE NA						
	Gedal Fair, 17 10000			INSURE						
INSURED					INSURER B:					
	APM Outreach, Inc.			INSURER C:						
DBA Anchor Point					INSURER D:					
103 Davis Rd., Suite B					INSURER E:					
	League City, TX 77573			INSURER F:						
			CATE NUMBER: . 00000932-1				REVISION NUMBER: 13			
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NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY	Y	8500000211-141		01/01/2014	01/01/2015	EACH OCCURRENCE \$	1,000,000		
•	X COMMERCIAL GENERAL LIABILITY			1			DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$	20,000		
				1			PERSONAL & ADV INJURY \$	1,000,000		
							GENERAL AGGREGATE \$	3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	3,000,000		
	PRO-			l I			\$			
	AUTOMOBILE LIABILITY	+					COMBINED SINGLE LIMIT (Ea accident) \$			
							BODILY INJURY (Per person) \$			
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	AUTOS AUTOS NON-OWNED			- [PROPERTY DAMAGE			
	HIRED AUTOS AUTOS						(Per accident) \$			
										
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTIONS	 					\$ WC STATU- OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					EL EACH ACCIDENT \$			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>					E.L. DISEASE - POLICY LIMIT \$			
								<u></u>		
Но	RIPTION OF OPERATIONS / LOCATIONS / VEHIC pe4Life Race ril 12, 2014	LES (AI	ttach ACORD 101, Additional Remarks	Schedule,	if more space is	required)				
	TITIOA TE LIOI DES			CANC	ELLATION		·			
CEF	RTIFICATE HOLDER			CANC	ELLATION					
State of Texas Texas Department of Transportation 125 E. 11th 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.					
	Austin, TX 78701			AUTHORIZED REPRESENTATIVE (BSP)						