Client#: 83128 14WESTCOUT

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/07/2018

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								NAME: Therese Banta						
Wortham Insurance & Risk Mgmt.									PHONE (A/C, No, Ext): 512 453-0031 FAX (A/C, No): 512					53-0041
221 West 6th Street, Suite1400								E-MAIL ADDRESS: therese.banta@worthaminsurance.com						
Austin, TX 78701									INSURER(S) AFFORDING COVERAGE					
512 453-0031									INSURER A: Philadelphia Indemnity Insurance Co					18058
INSURED Westerne Outdoor Discovery Center									INSURER B:					
Westcave Outdoor Discovery Center									INSURER C:					
24814 Hamilton Pool Road Round Mountain, TX 78663								INSURER D:						
Round Wountain, 17 70003									INSURER E:					
								INSURER F:						
		AGES					NUMBER:	REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C E	NDICA ERTIF XCLU	TED. NOTWITH	ISTA ISS	NDING ANY RESUED OR MAY F	QUIRE PERTA POLI	EMEN' IN, T ICIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH F HEREIN IS SUBJ	RESPECT	TO WH	IICH THIS
INSR LTR	4	TYPE OF I	NSU	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR									DAMAGE TO RENT PREMISES (Ea occi MED EXP (Any one	ED urrence)	\$ \$	
											PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREC	GATE	\$			
		POLICY JE		LOC							PRODUCTS - COM	P/OP AGG	\$	
		OTHER:											\$	
Α	AUT	OMOBILE LIABILIT	ГΥ				PHPK1757060		02/20/2018	02/20/2019	COMBINED SINGLE (Ea accident)	: LIMII	\$1,00	0,000
		ANY AUTO ALL OWNED		SCHEDULED							BODILY INJURY (Pe		\$	
		AUTOS	X	AUTOS NON-OWNED							PROPERTY DAMAGE	,	\$	
	X	HIRED AUTOS	Х	AUTOS							(Per accident)	JL	\$	
													\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB CLAIMS-MADE								AGGREGATE		\$		
	WOR	DED RETE									PER	OTH-	\$	
	AND	EMPLOYERS' LIA	BILIT	Υ ν.ν.							STATUTE	ER		
	OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDE		\$		
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA				
	DES	CRIPTION OF OPE	RATI	ONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
RE	: Ro	adrunner Bu	s S		•		D 101, Additional Remarks Schedi	ule, may	be attached if mo	ore space is requ	ired)			

CERTIFICATE HOLDER	CANCELLATION
	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
	John L. Wortham + Son L.P.

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