



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2022

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 have **ADDITIONAL INSURED** provisions or 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 Frost Insurance - San Antonio PO Box 2411 San Antonio TX 78298		CONTACT NAME: Stephanie Dauphin-Gawlik PHONE (A/C, No, Ext): 210-220-6425 FAX (A/C, No): 210-220-6460 E-MAIL ADDRESS: sdauphin@frostinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Texas Mutual Insurance Co.	22945
INSURED Plant Interscapes, Inc. dba Seasonscapes; dba Natura; dba Foliage Direct 6436 Babcock Rd San Antonio TX 78249		INSURER B: Cincinnati Insurance Companies	10677
		INSURER C: Twin City Fire	29459
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2134455781

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0626293	8/17/2021	8/17/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0626293	8/17/2021	8/17/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0626293	8/17/2021	8/17/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	N/A	0002016371	6/17/2021	6/17/2022	<input checked="" type="checkbox"/> PER STATUTE <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
C	Crime-Employee Theft			65KB0340337	8/23/2021	8/23/2022	Limit \$500,000

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

See Attached...

CERTIFICATE HOLDER

CANCELLATION

Plant Interscapes Inc.
dba Seasonscapes; dba Natura
6436 Babcock Rd
San Antonio TX 78249

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

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Frost Insurance - San Antonio		NAMED INSURED Plant Interscapes, Inc. dba Seasonsapes; dba Natura; dba Foliage Direct 6436 Babcock Rd San Antonio TX 78249
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

General Liability:

Form GA 4720 09 18 - Contractors Additional Insured - Automatic Status and Automatic Waiver of Subrogation when required in written contract, agreement, permit or authorization

Form GA 233 TX 09 17 - Texas - Contractors' Commercial General Liability Broadened Endorsement:

7. Waiver of Subrogation

8. Automatic Additional Insured - Specified Relationships: Manager or Lessors of Premises; Lessors of Leased Equipment; Vendors; State or Governmental Agency or Subdivision or Political Subdivision - Permits or Authorizations Relating to Premises; and Mortgagee, Assignee or Receiver

8.d. Primary and Noncontributory Insurance

Auto Liability:

Form AA288 01/2016 - Cinciplus Business Auto XC+ (Expanded Coverage Plus) Endorsement

A. Blanket Waiver of Subrogation

B. Noncontributory Insurance

C. Additional Insured by Contract

Workers Compensation:

Form WC 42 03 04 B - Texas Waiver of Our Right to Recover From Others Endorsement - Blanket Waiver - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

Umbrella:

Umbrella is follow-form subject to the terms and conditions to the policy.

Form US 4096 01 21 - Automatic Primary and Non-Contributory Coverage Endorsement - Where Required by Written Contract