



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2021

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 Holmes Murphy & Associates  12712 Park Central Dr., Suite 100  Dallas, TX 75251 Ben Canning	1-214-363-4433	CONTACT NAME: Juanita Velasquez PHONE (A/C, No. Ext): E-MAIL ADDRESS: jvelasquez@holmesmurphy.com	FAX (A/C, No):
INSURED Innovative IDM, LLC  301 W Vista Ridge Mall Dr., Suite 100  Lewisville, TX 75067		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: FEDERAL INS CO	20281
		INSURER B: GREAT NORTHERN INS CO	20303
		INSURER C: CHUBB INS CO OF NJ	41386
		INSURER D: Certain Underwriters of Lloyds, London	10200
		INSURER E: WESTCHESTER SURPLUS LINES INS CO	10172
		INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 63504574

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			36060154	10/15/21	10/15/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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	AUTOMOBILE LIABILITY <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 <input checked="" type="checkbox"/> Coll:\$1,000 <input checked="" type="checkbox"/> Comp:\$1,000			73611529	10/15/21	10/15/22	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$			78191024	10/15/21	10/15/22	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	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	71827307	10/15/21	10/15/22	<input checked="" type="checkbox"/> WC STATUTORY 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	Professional Liability			TBA2977	11/14/21	10/15/22	Occ / Agg Limit 1,000,000
A	Warehouse Liability			36060154	10/15/21	10/15/22	Limit of Liability 1,000,000
E	Pollution Legal Liability			G70966487001	10/15/21	10/15/22	Per Clm/Aggregate 5,000,000

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

See Supplement.

## CERTIFICATE HOLDER

CUSTOMER COPY
xx
xxx, TX 00000
USA

## 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 

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ACORD 25 (2014/01)

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JVelasquezTX

63504574

# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
10/15/2021

NAME OF INSURED: Innovative IDM, LLC

The General Liability, Auto, and Umbrella policies include a blanket additional insured endorsement that provides additional insured status to the Certificate Holder only when there is a written contract between the named insured and the Certificate holder that requires such status. The General Liability policy contains a special endorsement with Primary and Noncontributory wording. The General Liability, Auto, Employers Liability and Umbrella policies include a Waiver of Subrogation in favor of the Certificate Holder as required by written contract with the insured, per policy terms and conditions. The General Liability policy includes an endorsement providing that 30 days notice of cancellation will be furnished to the Certificate Holder when required by written contract.