

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/Y1YY) 09/07/2017

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.

te	PORTANT: If the certificate holder rms and conditions of the policy, certificate holder in lieu of such endor	ertain p	olici							
PROC	DUCER			C	CONTACT	MATTHEW	MARTINEZ			
C3 II	NSURANCE AGENCY, LLC			P	PHONE (A/C, No, Ext): 830 300 8943 (A/C, No):					
PO E	3OX 189			E A	E-MAIL ADDRESS: MATTHEW@C3INSURANCEAGENCY.COM					
								DING COVERAGE		NAIC #
LYTI	.E TX	780	52	и	INSURER	A: MOUNT	VERNON FIF	RE INS CO		
INSU	VFW 9186 MANUEL ALVA	ADADO	DOC	<u> </u>	INSURER	B: METRO	POLITAN PR	OPERTY & CAUSALTY II	NS CC	
		ARADO	PU3		INSURER	C:				
	PO BOX 10309			li li	INSURER	D:				
	SAN ANTONIO	ΤX	79	3201	INSURER	E:				
	GAIT AITTONIO		70		INSURER	F:				
CO	/ERAGES CEF	RTIFICA	TE	NUMBER:				REVISION NUMBER:		
IN CE EX	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 SU INSR W		POLICY NUMBER		POUCY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	,000
	X COMMERCIAL GENERAL LIABILITY		-1					DAMAGE TO RENTED PREMISES (E2 0002/118702)	\$ 100.0	000
A	CLAIMS-MADE X OCCUR	'						MED EXP (Any one person)	\$ 5,000	)
		BP DS		BP DS 01 07 13	09/25/2017	09/25/2018	PERSONAL & ADV INJURY	\$ 1,000	,000	
							GENERAL AGGREGATE	\$ 2,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000	,000
	PRO-									

SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS UMBRELLA LIAB **OCCUR** EACH OCCURRENCE EXCESS LIAB

CLAIMS-MADE AGGREGATE S DED RETENTION \$ 2 WORKERS COMPENSATION AND EMPLOYERS' UABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICE/MEMBER EXCLUDED? E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ \$1,000,000 EACH COMMON CAUSE B LIQUOR LIABILITY Y ML1016S1770 09/25/2017 09/25/2018 \$2,000,000 AGGREGATE

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

CFR	TIFI	CA.	TF H	101	DER

AUTOMOBILE LIABILITY

ANY AUTO

CANCELLATION

**VETERANS OF THE FOREIGN WARS** (TX) DEPARTMENT OF TEXAS 8503 NORTH IH 35 **AUSTIN, TEXAS 78753** 

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

COMBINED SINGLE LIMIT (Ea accident)

BODILY INJURY (Per person)

\$

\$

\$

**AUTHORIZED REPRESENTATIVE** 

© 1988-2010 ACORD CORPORATION. All rights reserved.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/07/2017

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).

certificate h	older in lieu of such en	dorseme	nt(s).					
PRODUCER				CONTACT NAME: MATTHEW MARTINEZ				
C3 INSURANC	E AGENCY, LLC				FAX (A/C. No):			
PO BOX 189				E-MAIL ADDRESS: MATTHEW@C3INQURANCEAGENCY.COM				
				INSURER(S) AFFORDING COVERAGE		NAIC #		
LYTLE		TX 78	3052	INSURER A: MOUNT VERNON FIRE INS CO				
INSURED			INSURER B : METROPOLITAN PROPERTY & CAUSALTY INS CO					
	VFW 9186 MANUEL ALVARADO POST			INSURER C:				
	PO BOX 10309			INSURER D :				
\	SAN ANTONIO	TX	78201	INSURER E :				
	374774773740		10201	INSURER F:				
COVERAGES		CERTIFIC	ATE NUMBER:	REVISION NUM	IBER:			
				AVE BEEN ISSUED TO THE INSURED NAMED ABOV				

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	ADDLS		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	UMT	s
	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	Y			09/25/2017	-	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR	1				1	MED EXP (Any one person)	\$ 5,000
Α				BP DS 01 07 13		09/25/2018	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO	ľ ľ					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s
								S
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	AND EMPEOTERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICE/MEMBER EXCLUDED?	IN/A					E.L. EACH ACCIDENT	s
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	S
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	V V			All 404004770			\$1,000,000 EACH COMM	
	LIQUOR LIABILITY	1		ML1016S1770	09/25/2017	09/25/2018	\$2,000,000 AGGREGATE	=
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IES (A	ttach	ACORD 101. Additional Remarks Schedule	if more space is	(benired)		

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

<u> </u>					
CFRT	IFIC:	AIL	· HO	כונו	ьĸ

VETERANS OF THE FOREIGN
WARS OF THE UNITED STATES
406 WEST 34<sup>TH</sup> STREET
KANSAS CITY, MO 64111

## 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

© 1988-2010 ACORD CORPORATION. All rights reserved.