



NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

80283
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLO 5532269617**

Named Insured: **DCI INC - DBA
 DELTA 1 PLUMBING**

Address: **PO BOX 37140
 HALTOM CITY TX 76117-8140**

Agent: **KIMBERLEY KAY RAYBURN** 42-80283-002
 Address: **FORT WORTH TX 76137** PRODUCER: **KIMBERLEY KAY RAYBURN**

Policy Period: From **07/09/09** to **07/09/10** 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

| | | |
|---|----|------------------|
| GENERAL AGGREGATE LIMIT (other than products-completed operations) | \$ | 2,000,000 |
| PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT | \$ | 2,000,000 |
| PERSONAL AND ADVERTISING INJURY LIMIT | \$ | 1,000,000 |
| EACH OCCURRENCE LIMIT | \$ | 1,000,000 |
| DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises) | \$ | 100,000 |
| MEDICAL EXPENSE LIMIT (any one person) | \$ | 5,000 |

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**
 Business of the Named Insured is: **PLUMBING SERVICE**
 Audit Period: **ANNUAL**

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ 9,879.00

Replacement or
 Renewal Number **ACP GLO 5522269617**

Countersigned By 
 Authorized Representative

GL-D (10-98)