



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/12/2025

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		CONTACT NAME: Martha (Rep) Delarosa
Hutcherson Insurance Group P.O. Box 2096		PHONE (A/C, No. Ext): (940) 382-9696 FAX (A/C, No): (866) 931-6829
Denton TX 76202		E-MAIL ADDRESS: martha@hutchinsure.net
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Hanover Insurance Group NAIC # ASC031
INSURED		INSURER B: Mercury County Mutual Insurance Company 29394
AER Inc., DBA: Choice Medical Equipment 1173 Bent Oaks Dr.		INSURER C: Markel Insurance Company 38970
Denton TX 76210		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER: CL2591276163		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			
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZLDD04427109	09/24/2025	09/24/2026	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 \$ 3,000,000									
B	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA420000023687	01/04/2025	01/04/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000			
	BODILY INJURY (Per person) \$									
	BODILY INJURY (Per accident) \$									
	PROPERTY DAMAGE (Per accident) \$									
	\$									
C	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE	MWC0144768-07	03/10/2025	03/10/2026	EACH OCCURRENCE \$			
	DED <input type="checkbox"/> RETENTION \$								AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input checked="" type="checkbox"/> N/A						PER STATUTE \$	OTHER \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								E.L. EACH ACCIDENT \$ 1,000,000	
	LOCATION: 1173 BENT OAKS DR., DENTON, TX 76210								E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000				

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

LOCATION: 1173 BENT OAKS DR., DENTON, TX 76210

## CERTIFICATE HOLDER

## CANCELLATION

Palmetto GBA (NPWest) P.O. Box 100142	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	
Columbia	SC 29202-3142	

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