

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**TEXAS POLICY CHANGES**

Effective Date of Change: 10/10/2024

Change Endorsement No.: 01

Named Insured: All Star Mobile Games


DBA:

The following item(s):

	Insured's Name		Insured's Mailing Address
	Policy Number		Company
	Effective/Expiration Date		Insured's Legal Status/Business of Insured
	Additional Interested Parties		Premium Determination
X	Limits/Exposures	X	Coverage Forms and Endorsements
	Covered Property/Location Description		Deductibles
	Rates		Classification/Class Codes

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
					\$0.00
Countersigned By: 					

(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that

The following forms have been added:

NXT-0337 BM GL 0619 - Commercial General Liability Declarations

The following limits have been added:

Base - Aggregate: \$2,000,000.00

Products Completed - Aggregate: \$2,000,000.00

The following limits have been removed:

Base - Aggregate: \$1,000,000.00

Products Completed - Aggregate: \$1,000,000.00

All other terms and conditions remain unchanged.

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, or the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, the following applies with respect to that Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

STATE NATIONAL INSURANCE COMPANY, INC.

(a stock insurance company)

1900 L Don Dodson Dr.
Bedford, Texas 76021
(800) 877-4567

Administered by:

Next Insurance, Inc.
PO Box 60787
Palo Alto, CA 94306
(855) 222-5919

COMMERCIAL GENERAL LIABILITY DECLARATIONS

**CERTAIN COVERAGES IN THE POLICY MAY BE WRITTEN ON A CLAIMS-MADE BASIS.
PLEASE READ YOUR POLICY CAREFULLY.**

POLICY NUMBER:NXTTP4Y9QF-00-GL

Named Insured and Mailing Address:Darrell Johnson
All Star Mobile Games
1421 Champion Dr Ste 352
Carrollton, TX 75006

Policy Period: From:10/10/2024 To:09/09/2025
at 12:01 AM standard time at the mailing address shown above

DESCRIPTION OF BUSINESS

Insured is:

X _____ Individual / Sole Proprietor _____ Partnership/Joint Venture
_____ Limited Liability Company _____ Trust
_____ Other - Corporation

Business of Insured: Party Equipment Rentals

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000.00	
Damages to Premises Rented to You Limit	\$100,000.00	Any one premises
Medical Expense Limit	\$10,000.00	Any one person
Personal & Advertising Injury Limit	\$1,000,000.00	Any one person or organization
General Aggregate Limit	\$2,000,000.00	
Products/Completed Operations Aggregate Limit	\$2,000,000.00	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
	16722		GROSS_SALES	\$330.00	\$0.00		
						State Tax Or Other (if applicable) \$0.00 TOTAL PREMIUM (SUBJECT TO AUDIT) \$330.0	
PREMIUM SHOWN IS PAYABLE: <div> At Inception \$ At Each Anniversary \$ (If policy period is more than one year and premium is paid in annual installments) </div>							
AUDIT PERIOD (IF APPLICABLE)							
<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly							

SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

These Declarations, together with the Common Policy Conditions, and the Coverage Form(s) and endorsement(s), complete the above numbered policy.

Listed below are the forms and endorsements attached to this policy at the time of issue:

Title

Form Number and Edition Date

Commercial General Liability Declarations

NXT-0337 BM GL 0619