



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2016

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 Insurance One Agency, L.C. 14180 Dallas Parkway Suite 900 Dallas TX 75254		CONTACT NAME: Karen Meacham PHONE (A/C, No, Ext): 469-726-4597 FAX (A/C, No): 469-727-0637 E-MAIL ADDRESS: kmeacham@insuranceoneagency.com	
INSURED Bethany Bible Church & Bethany Christian School 3300 W. Parker Road Plano TX 75075		INSURER(S) AFFORDING COVERAGE INSURER A: GuideOne Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15032	

COVERAGES

CERTIFICATE NUMBER: CL169961187

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		1440443	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						Sexual Misconduct Liability \$ 500,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

ACTS (Association of Christian Teachers and Schools) are included as Additional Insured in regards to General Liability, as per written contract.

CERTIFICATE HOLDER**CANCELLATION**

ACTS
911 S Parsons Ave
Suite G
Brandon, FL 33511

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

Rick McCrary/KM01

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ADDITIONAL COVERAGES

Ref #	Description Pastoral Counseling Professional Liability	Coverage Code PSCPL	Form No.	Edition Date
Limit 1 1,000,000	Limit 2 3,000,000	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description Directors & Officers Liability	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2 1,000,000	Limit 3	Deductible Amount 2,500	Deductible Type
Premium				

Ref #	Description Hired/Non-Owned Auto Liability	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description Employment Practices Liability	Coverage Code	Form No.	Edition Date
Limit 1 100,000	Limit 2 100,000	Limit 3	Deductible Amount 5,000	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
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Premium				

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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

IMPORTANT
AUTO INSURANCE IDENTIFICATION CARDS
(Please keep one copy in your vehicle)

42-446
60
N
08/16/

Name and Address of Insured		
BETHANY BIBLE CHURCH AND BETHANY CHRISTIAN SCHOOL 3300 W PARKER RD PLANO TX 75075		
Insurance Company		1-877-448-4331, Ext. 5522
GuideOne Mutual Insurance Company		
Agent		
INSURANCE ONE		972-223-1700
Policy Number BA1785-836	Effective Date 08/01/16	Expiration Date 08/01/17
Vehicle Make/Model THOMAS BUS 48PS	VIN 1T7YT4E2331132991	Year 03

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

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