



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/08/2026

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: Michelle Garcia	
Dagley Insurance 23114 Seven Meadows Pkwy		PHONE (A/C, No, Ext): (281) 644-0775	FAX (A/C, No):
Katy TX 77494		E-MAIL ADDRESS: certificates@dagleyins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Mass. Bay	22306
INSURED		INSURER B:	
Direct Outdoor Supplies 27327 Hufsmith Conroe Rd.		INSURER C:	
Magnolia TX 77354		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: CL261209890		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						
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$					
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$					
							MED EXP (Any one person)	\$					
							PERSONAL & ADV INJURY	\$					
							GENERAL AGGREGATE	\$					
							PRODUCTS - COMP/OP AGG	\$					
	GEN'L AGGREGATE LIMIT APPLIES PER:					OTHER:	\$						
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC												
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$						
	ANY AUTO												
	OWNED AUTOS ONLY					SCHEDULED AUTOS							
	Hired AUTOS ONLY					NON-OWNED AUTOS ONLY							
	UMBRELLA LIAB					EACH OCCURRENCE	\$						
	EXCESS LIAB					OCCUR <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>			AGGREGATE	\$		
	DED <input type="checkbox"/>					RETENTION \$ <input type="checkbox"/>					\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A	WDDJ244405	12/21/2025	12/21/2026	PER STATUTE	OTHE- R				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)												
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. EACH ACCIDENT	\$ 1,000,000
												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)

## CERTIFICATE HOLDER

## CANCELLATION

Direct Outdoor Supply 27327 Hufsmith Conroe Rd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Magnolia TX 77354		AUTHORIZED REPRESENTATIVE

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## Additional Named Insureds

### Other Named Insureds

DBA ARCHER SRCHER SERVICES

Doing Business As