

NPP1573327G

Renewal of Number

\*\*\* RENEWAL CERTIFICATE \*\*\*

Customer Copy  
Direct Bill Policy

POLICY DECLARATIONS

No. NPP1573327H

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

NAMED INSURED AND ADDRESS:

TEJAS BLUEBONNET REGION OF NARCOTICS

ANONYMOUS

6537 SOUTH STAPLE, SUITE 125, #1014

CORPUS CHRISTI, TX 78413

POLICY PERIOD: (MO. DAY YR.) From: 12/01/2024 To: 12/01/2025

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Non-Profit Corporation

BUSINESS DESCRIPTION: Social Service

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER NPP1573327G IS RENEWED  
FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Liability Coverage Part	\$5,185.00


<b>TOTAL:</b>	<b>\$5,185.00</b>
---------------	-------------------

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

**See Endorsement EOD (1/95)**

Agent: VISTA INTERNATIONAL BROKERS LTD., LLC (4997)  
1318 Redwood Way, Suite 250  
Petaluma, CA 94954

Issued: 11/13/2024 1:46 PM

By:   
Authorized Representative

## EXTENSION OF DECLARATIONS

Policy No. NPP1573327H

Effective Date: 12/01/2024

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

### FORMS AND ENDORSEMENTS

**The following forms apply to the Commercial Liability coverage part**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
* CG 21 06	12/23	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION
CG0001	12/07	Commercial General Liability Coverage Form
CG0103	06/06	Texas Changes
CG2139	10/93	Contractual Liability Limitation
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/15	Exclusion Of Certified Acts Of Terrorism
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
IL0168	03/12	Texas Changes - Duties
IL0275	11/13	Texas Changes - Cancellation and Nonrenewal Provisions for Casualty Lines and Commercial Package Policies
Jacket	07/19	Policy Jacket
L 728 SSO TX	05/23	Limits of Insurance Under Multiple Coverage Forms
* L 839 SSO	03/23	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
L-232s	09/05	Classification Limitation Endorsement
L-514 TX	02/18	Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Liability
L-549	12/07	Absolute Professional Liability Exclusion
* L-599 SSO	03/23	Absolute Exclusion For Pollution, Infectious Agent, Mold, Silica, Asbestos, And Lead With A Hostile Fire Exception For Pollution Only And With A Food Borne Illness Exception
L-610	11/04	Expanded Definition Of Bodily Injury
L-622TX	03/11	Molestation Or "Abuse" Exclusion
L-729	08/09	Exclusion - Violation Of Statutes That Govern E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Information
L-734NPP	10/16	Exclusion-Specific Activities, Events or Conditions
L-783NPP	07/18	Amendment of Liquor Liability Exclusion
NTE	12/20	Notice of Terrorism Exclusion
RM TX Notice	03/19	Notice to Policyholders - Texas
SSO	12/09	Social Service Organization Professional Liability Coverage Form
* TX Notice USLI	10/23	Important Notice

Endorsements marked with an asterisk (\*) have been added to this policy or have a new edition date and are attached with this certificate.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. NPP1573327H

Effective Date: 12/01/2024  
12:01 STANDARD TIME

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000
Professional E&O Liability Each Incident	\$1,000,000
Professional E&O Liability Aggregate	\$2,000,000

LIABILITY DEDUCTIBLE \$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	6425 South I-35, Ste. 105-pmb105, Austin, TX 78744	005

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
1	Counseling Services - NPP Social Services	61227	40,000 Per 1,000 Total Area	Included	125.492	Included		\$5,020
1	Professional Liability - Social Services - Not-for-Profit	72990	Flat	Included	165.000	Included		\$165
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$735
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$5,185
(This Premium may be subject to adjustment.) MP - minimum premium								

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**This page has been intentionally left blank.**