

CERTIFICATE OF INSURANCE					ISSUE DATE	
PRODUCER AON Risk Services of Texas, Inc. 2000 Bering Drive, Suite 900 Houston, TX 77057-3790			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Third - Party Concessionaire			COMPANIES AFFORDING COVERAGE			
			COMPANY LETTER	A Carrier with at least B+ Best rating & VI Financial Size		
			COMPANY LETTER	B		
			COMPANY LETTER	C		
			COMPANY LETTER	D		
			COMPANY LETTER	E		
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	12345			GENERAL AGGREGATE	\$ 5000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPIO/OP AGG.	\$ 5000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$ 1000000
					EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXPENSE (Any one person)	\$ 5000
A	AUTOMOBILE LIABILITY	12345			COMBINED SINGLE LIMIT	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345			STATUTORY LIMITS	
	EACH ACCIDENT				\$ 500000	
	DISEASE-POLICY LIMIT				\$ 500000	
	DISEASE EACH EMPLOYEE				\$ 500000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability and Automobile Liability coverages.						
The "Additional Insureds" are a list of legal entities for both our company and the building owner that are specific to your location. If the "Additional Insured's" are on a second page, it is critical that this section reflects the existence of the "Additional Insureds" page. Either the front of the certificate or the attachment must acknowledge the paragraph as "Additional Insureds". It is not acceptable to specify on the certificate "see attached".						
CERTIFICATE HOLDER			CANCELLATION			
Levy Restaurants Name of Property Address			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE			