



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

May 15, 2025

For Informational Purposes



## Account Information:

**Policy Holder Details :** Cathleen Voss



## Contact Us

### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2025

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  
USAA INSURANCE AGENCY INC/PHS  
65812846  
The Hartford Business Service Center  
3600 Wiseman Blvd  
San Antonio, TX 78251

CONTACT  
NAME:  
PHONE (888) 242-1430  
(A/C, No, Ext):  
FAX  
(A/C, No):  
E-MAIL  
ADDRESS:

INSURED  
Cathleen Voss

INSURER(S) AFFORDING COVERAGE  
INSURER A : Property and Casualty Insurance Company of Hartford NAIC# 34690  
INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSR   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|----------|---------------|-------------------------|-------------------------|---|
|          | COMMERCIAL GENERAL LIABILITY   |   |          |               |                         |                         |   |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |   |          |               |                         |                         |   |
|          | <input checked="" type="checkbox"/> General Liability  |   |          |               |                         |                         |   |
| A        |  |   |          | 65 SBM BN2NKP | 01/08/2025              | 01/08/2026              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         |   |
|          | <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |               |                         |                         |   |
|          | OTHER:   |   |          |               |                         |                         |   |
|          | AUTOMOBILE LIABILITY   |   |          |               |                         |                         |   |
|          | ANY AUTO   |   |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)   |
|          | ALL OWNED AUTOS  | SCHEDULED AUTOS                                       |          |               |                         |                         | BODILY INJURY (Per person)  |
|          | HIRED AUTOS  | NON-OWNED AUTOS                                       |          |               |                         |                         | BODILY INJURY (Per accident)  |
|          |  |   |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                    | <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE |          |               |                         |                         |   |
| A        |  |   |          | 65 SBM BN2NKP | 01/08/2025              | 01/08/2026              | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000  |
|          | DED RETENTION \$ 10,000  |   |          |               |                         |                         |   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |          |               |                         |                         |   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |   | Y/N      |               |                         |                         | PER STATUTE OTH-ER  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   | N/ A     |               |                         |                         | E.L. EACH ACCIDENT<br>E.L. DISEASE -EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  |
| A        | Professional Liability   |   |          | 65 SBM BN2NKP | 01/08/2025              | 01/08/2026              | Each Claim Limit \$1,000,000<br>Aggregate Limit \$1,000,000   |

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

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

For Informational Purposes

## CANCELLATION

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

*Susan L. Castaneda*

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