



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2025

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 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: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C. No., Ext): 1-800-444-4487	FAX (A/C. No.):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Progressive County Mutual Insurance Company	29203
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 533756218623811803D100225T174146

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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>		Y	996553623	04/25/2025	10/25/2025	EACH OCCURRENCE	\$											
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$												
	MED EXP (Any one person)						\$												
	PERSONAL & ADV INJURY						\$												
	GENERAL AGGREGATE						\$												
	PRODUCTS - COMP/OP AGG						\$												
	OTHER:						\$												
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							N				COMBINED SINGLE LIMIT (Ea accident)	\$100,000						
	BODILY INJURY (Per person)											\$							
	BODILY INJURY (Per accident)											\$							
PROPERTY DAMAGE (Per accident)	\$																		
	\$																		
UMBRELLA LIAB		Y	N	996553623	04/25/2025	10/25/2025						EACH OCCURRENCE	\$						
EXCESS LIAB												AGGREGATE	\$						
DED RETENTION \$													\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>													Y/N	N / A			PER STATUTE	OTH-ER	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below																	E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$											
							E.L. DISEASE - POLICY LIMIT	\$											
See ACORD 101 for additional coverage details.																		\$	

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

## CERTIFICATE HOLDER

## 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/25/2025

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PRODUCER  biBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C, No. Ext): 844-472-0967	FAX (A/C, No): 203-654-3613
	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
INSURED  NTXP LLC 405 South Elm St Ste 203 Denton, TX 76201	INSURER A: National Liability & Fire Insurance Company	20052
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WV'D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	0
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	0
	OTHER:						MED EXP (Any one person)	\$	0
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						PERSONAL & ADV INJURY	\$	0
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$	0
	UMBRELLA LIAB		OCCUR				PRODUCTS - COMP/OP AGG	\$	0
	EXCESS LIAB		CLAIMS-MADE						
	DED	RETENTION \$					COMBINED SINGLE LIMIT (Ea accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						BODILY INJURY (Per person)	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N	X	N9WC544637	04/26/2025	04/26/2026	BODILY INJURY (Per accident)	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						PROPERTY DAMAGE (Per accident)	\$	
A									
	Professional Liability (Errors & Omissions): Claims-Made						EACH OCCURRENCE	\$	
							AGGREGATE	\$	

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

CERTIFICATE HOLDER

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PRODUCER	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME: PHONE (A/C, No, Ext): (866) 538-7491 E-MAIL ADDRESS: contactus@simplybusiness.com	Simply Business FAX (A/C, No):
INSURED	NTXP LLC 405 South Elm St Ste 203 Denton, TX 76201	INSURER(S) AFFORDING COVERAGE INSURER A: Spinnaker Insurance Company	NAIC # 24376
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		HBW4667180XB2	09/27/2025	09/27/2026	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	OTHER:						MED EXP (Any one person)	\$5,000
	AUTOMOBILE LIABILITY ANY AUTO						PERSONAL & ADV INJURY	\$1,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY						GENERAL AGGREGATE	\$2,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG	\$2,000,000
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	COMBINED SINGLE LIMIT (Ea accident)						
		BODILY INJURY (Per person)						
		BODILY INJURY (Per accident)						
		PROPERTY DAMAGE (Per accident)						
DED <input type="checkbox"/> RETENTION		EACH OCCURRENCE						
		AGGREGATE						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	PER STATUTE	OTH- ER					
		E.L. EACH ACCIDENT						
		E.L. DISEASE - EA EMPLOYEE						
		E.L. DISEASE - POLICY LIMIT						
PROFESSIONAL LIABILITY		EACH CLAIM						
		AGGREGATE						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as an additional insured on the General Liability policy per written contract.

## CERTIFICATE HOLDER

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## AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Progressive Insurance	NAMED INSURED NTXP LLC 405 South Elm St Ste 203 Denton, TX 76201	
POLICY NUMBER 996553623		
CARRIER Progressive County Mutual Insurance Company	NAIC CODE 29203	EFFECTIVE DATE: 04/25/2025

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

### Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$100,000 Combined Single Limit
Uninsured Motorist Property Damage	(included in combined single limit w/\$250 Ded)

### Description of Location/Vehicles/Special Items

Scheduled autos only	
2025 RAM 1500 1C6SRFJP2SN510411	
Personal Injury Protection	\$2,500 each person

### Additional Information

Certificate holder is listed as an Additional Insured.