

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2012

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<br><b>BARTLETT, BAGGETT &amp; SHANDS</b><br>1204 South First St.<br>P.O. Box 9<br>Lufkin, TX 75901 | CONTACT NAME: <b>Bill Bartlett</b>            | FAX NO: <b>936.632.1125</b> |
|   | PHONE (A/C, No, Ext): <b>936.632.4496</b>     |                             |
|   | E-MAIL ADDRESS: <b>wyb@bbsins.com</b>         |                             |
|   | INSURER(S) AFFORDING COVERAGE                 | NAIC #                      |
|   | INSURER A: <b>Ohio Casualty Insurance Co.</b> |                             |
| INSURED <b>Amerion TeleCommunications, Inc.</b><br>P. O. Box 720<br>Lufkin, TX 75902-0720                   | INSURER B: <b>Texas Mutual Insurance Co</b>   | 0013                        |
|   | INSURER C:                                    |                             |
|   | INSURER D:                                    |                             |
|   | INSURER E:                                    |                             |
|   | INSURER F:                                    |                             |

COVERAGES CERTIFICATE NUMBER: 12-13/CERT 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.

| USER LTR | TYPE OF INSURANCE  | APPLICABLE INSR WVD                 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                                     | BH053040410   | 02/04/2012              | 02/04/2013              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Eq accident) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>PRODUCTS - COMPOUND \$ 2,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |                                     |               |                         |                         |  |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS |                                     | BA053040410   | 02/04/2012              | 02/04/2013              | COMBINED SINGLE LIMIT \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |                                     | US053040410   | 04/30/2012              | 02/04/2013              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> N/A | SBP0001122523 | 10/04/2012              | 10/04/2013              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br>OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000            |
|          | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  |                                     |               |                         |                         |  |

THE GENERAL LIABILITY AND THE AUTO POLICIES INCLUDES A BLANKET AUTOMATIC ADDITIONAL INSURED & WAIVER OF SUBROGATION PROVISION THAT PROVIDES THESE STATUSES TO THE CERTIFICATE HOLDER ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED AND THE HOLDER THAT REQUIRES SUCH STATUS. THE WORKERS COMPENSATION PROVIDES A BLANKET WAIVER OF SUBROGATION FOR ANY PERSON OR ORGANIZATION FOR WHO THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER.

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| CERTIFICATE HOLDER  | CANCELLATION   |
| FAX: 936.468.4282   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Stephen F. Austin State University<br>Purchasing Department<br>Lucas Benton<br>P. O. Box 13030- SFA Station<br>Nacogdoches, TX 75962-3030 | AUTHORIZED REPRESENTATIVE<br><i>Bill Bartlett</i><br>Bartlett B/JAB  |

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