



This certifies that

- Certificate of Insurance**
- State Farm Fire and Casualty Company, Bloomington, Illinois
 - State Farm General Insurance Company, Bloomington, Illinois
 - State Farm Fire and Casualty Company, Aurora, Ontario
 - State Farm Florida Insurance Company, Winter Haven, Florida
 - State Farm Lloyds, Dallas, Texas

Insures the following policyholder for the coverages indicated below:

Policyholder **HERB CHATMAN DBA APPLIANCE SERVICES BY HERB**

Address of policyholder **PO BOX 632192 NACOGDOCHES TX 75963**

Location of operations

Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

| Policy Number | Type of Insurance | Policy Period | | Limits of Liability (at beginning of policy period) | |
|--------------------------|---|----------------|-----------------|--|---------------|
| | | Effective Date | Expiration Date | | |
| 93-TH-8879-3 L | Comprehensive Business Liability | 11/29/08 | 11/29/09 | BODILY INJURY AND PROPERTY DAMAGE | |
| This insurance includes: | <input checked="" type="checkbox"/> Products - Completed Operations | | | Each Occurrence | \$ 300,000.00 |
| | <input type="checkbox"/> Contractual Liability | | | General Aggregate | \$ 600,000.00 |
| | <input type="checkbox"/> Personal Injury | | | Product - Completed Operations Aggregate | \$ 600,000.00 |
| | <input type="checkbox"/> Advertising Injury | | | | |
| Policy Number | EXCESS LIABILITY | Policy Period | | BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) | |
| | <input type="checkbox"/> Umbrella | Effective Date | Expiration Date | Each Occurrence | \$ |
| | <input type="checkbox"/> Other | | | Aggregate | \$ |
| Policy Number | Type of Insurance | Policy Period | | Limits of Liability (at beginning of policy period) | |
| | Workers' Compensation and Employers Liability | Effective Date | Expiration Date | Part I - Workers Compensation - Statutory | |
| | | | | Part II - Employers Liability | |
| | | | | Each Accident | \$ |
| | | | | Disease - Each Employee | \$ |
| | | | | Disease - Policy Limit | \$ |

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

STEPHEN F AUSTIN STATE UNIVERSITY
NACOGDOCHES, TX 75962

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 15 days before cancellation. If however, we fail to match such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative

AGENT

12/03/2008

Title

Date

JAMES RICE

Agent Name

Telephone Number (936) 564-1696

Agent's Code Stamp

Agent Code 7280

AFO Code F067