



CERTIFICATE OF LIABILITY INSURANCE

WAJ1

DATE (MM/DD/YYYY)

11/3/2011

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).

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|--|--|---|--|
| PRODUCER BancorpSouth Insurance Services, Inc. P. O. Box 631202 Nacogdoches, TX 75963-1202 | | CONTACT NAME: Lori Fussell ACSR PHONE (A/C, No, Ext): (936) 564-0221 FAX (A/C, No): E-MAIL ADDRESS: lori.fussell@bxsi.com PRODUCER CUSTOMER ID #: CLINMAR-01 | |
| INSURED Mark A. Cline, M.D. Attn: Jamie Anderson 4604 NE Stallings Drive Nacogdoches, TX 75965 | | INSURER(S) AFFORDING COVERAGE INSURER A: American Casualty Company of Reading PA 20427 INSURER B: Continental Casualty Company 20443 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 | | | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|--|--|-------------------------------------|
| A | GENERAL LIABILITY | | | 2084380625 | 7/15/2011 | 7/15/2012 | EACH OCCURRENCE \$ 1,000,000 | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 10,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | 2084380625 | 7/15/2011 | 7/15/2012 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | | | |
| | <input 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 (Per accident) \$ | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | \$ | | | |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | 2090500211 | 7/15/2011 | 7/15/2012 | EACH OCCURRENCE \$ 1,000,000 | | | |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 1,000,000 | | | |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | \$ | | | |
| | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | \$ | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS OTH-ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

See attached page.

| | |
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| CERTIFICATE HOLDER Stephen F. Austin State University 1936 North Street Nacogdoches, TX 75962- | 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  |
|--|--|

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DESCRIPTION OF OPERATIONS -

**Mark A. Cline, M.D.
Attn: Jamie Anderson
4604 NE Stallings Drive
Nacogdoches, TX 75965**

**Stephen F. Austin State University
1936 North Street
Nacogdoches, TX 75962-**

Stephen F. Austin Sate University, it's Officials, Directors, Employees, Representatives and Volunteers are named a Additional Insured on General Liability as required by wrtten contract. Insurance is Primary and Non-Contributory as required by wrtten contract.

30 Days Notice of Cancellation is provided for Certificate holder.

NOVEMBER 08, 2011

Fire Policy Status

CLINE, MARK A
447 COUNTY ROAD 2131
NACOGDOCHES TX 75965-6913

B Ph. (936)559-8770
FIRE Policy: 93-BY-C637-3 F Yr issd: 2001
Xref:

Location: 4604 NE STALLINGS DR
NACOGDOCHES TX 75965

Term: 1 YR PP

Type: WORKERS COMP
Coverage information
BI BY ACCIDENT /EACH
ACCIDENT 100000

Renew date: MAY-18-12
Premium: 1,616.00 Written date: APR-19-01

BI BY DISEASE /EACH
EMPLOYEE 100000

Amount due: SFPP
Date due: SFPP
Bill to: SFPP

BI BY DISEASE /PER
POL LIMIT 500000

Prev prem: 0

Prev risk: 0 SFPP acct:0402-7280-08

Deductibles applied:NONE

Messages:

NOVEMBER 08, 2011

Fire Policy Status

| CLASS | COV AMT |
|-------|---------|
| 8832 | 353166 |
| 9740 | 353166 |