



CERTIFICATE OF LIABILITY INSURANCE

MOD1

DATE (MM/DD/YYYY)

6/3/2011

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).

PRODUCER Ancorcorp South Insurance Services, Inc. P. O. Box 631202 Nacogdoches, TX 75963-1202	CONTACT NAME: Denise Moreau	FAX (A/C, No): 936-569-6938
	PHONE (A/C, No, Ext): 936-564-0221 239	E-MAIL ADDRESS: denise.moreau@bxsi.com
	PRODUCER CUSTOMER ID #: NACOSHE-01	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Nacogdoches Sheet Metal & Plumbing, LTD Attn: Jason Bradford P.O. Box 631277 Nacogdoches, TX 75963-1277	INSURER A : America First Lloyds Insurance Company	
	INSURER B : Netherlands Insurance Company	
	INSURER C : America First Insurance	
	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.

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			CBP8442683	6/5/2011	6/5/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA8445383	6/5/2011	6/5/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8449083	6/5/2011	6/5/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC8447183	6/5/2011	6/5/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500000.00 E.L. DISEASE - EA EMPLOYEE \$ 500000.00 E.L. DISEASE - POLICY LIMIT \$ 500000.00
A	Installation Floater			CBP8442683	6/5/2011	6/5/2012	\$25,000 per location \$25,000 per disaster
A	Leased/Rented Equipment			CBP8442683	6/5/2011	6/5/2012	\$100,000 total limit \$1,000 deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See attached page.

RECEIVED

JUN 06 2011

CERTIFICATE HOLDER SFSU PROCUREMENT Stephen F. Austin State University P.O. Box 6085 / SFA Station Nacogdoches, TX 75962-0000	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 -

Nacogdoches Sheet Metal & Plumbing, LTD
Attn: Jason Bradford
P.O. Box 631277
Nacogdoches, TX 75963-1277

Stephen F. Austin State University
P.O. Box 6085 / SFA Station
Nacogdoches, TX 75962-0000

See attached page.

Certificate holder is named as additional insured on the general liability and auto policies with waiver of subrogation on general liability, auto and work comp as required by written contract.