



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2011

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 Marsh USA Inc. 1166 Avenue of the Americas New York, NY 10036		CONTACT NAME: PHONE (A/C, No, Ext): (212) 345-5000 FAX (A/C, No): E-MAIL ADDRESS:															
INSURED SimplexGrinnell, LP 1125 East Collins Blvd. Richardson, TX 75081 United States		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: AGCS Marine Insurance Company (Allianz)</td> <td>22837</td> </tr> <tr> <td>INSURER B: CHARTIS CASUALTY COMPANY</td> <td>40258</td> </tr> <tr> <td>INSURER C: Commerce & Industry Ins Co.</td> <td>19410</td> </tr> <tr> <td>INSURER D: Illinois National Insurance Co.</td> <td>23817</td> </tr> <tr> <td>INSURER E: Nat'l Union Fire Ins Co. of Pittsburgh, PA</td> <td>19445</td> </tr> <tr> <td>INSURER F: New Hampshire Ins. Co.</td> <td>23841</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AGCS Marine Insurance Company (Allianz)	22837	INSURER B: CHARTIS CASUALTY COMPANY	40258	INSURER C: Commerce & Industry Ins Co.	19410	INSURER D: Illinois National Insurance Co.	23817	INSURER E: Nat'l Union Fire Ins Co. of Pittsburgh, PA	19445	INSURER F: New Hampshire Ins. Co.	23841
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COVERAGES **CERTIFICATE NUMBER: 931027 - A** **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
F	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC	X	X	GL 2449807 (Primary GL)	10/1/2011	10/1/2012	EACH OCCURRENCE \$ \$2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000.00 MED EXP (Any one person) \$ \$10,000.00 PERSONAL & ADV INJURY \$ \$2,000,000.00 GENERAL AGGREGATE \$ \$4,000,000.00 PRODUCTS - COM/OP AGG \$ \$4,000,000.00
E E F	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	CA 3506468 (VA) CA 3506464 (AOS) CA 3506465 (MA) CA 3506466 (NH) (Primary AL)	10/1/2011 10/1/2011 10/1/2011 10/1/2011	10/1/2012 10/1/2012 10/1/2012 10/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ \$7,500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NEW HAMPSHIRE (CSL) \$ \$250,000.00
F F	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CA 3506467 (NH) (Excess AL) GL 2449808 (Excess GL)	10/1/2011 10/1/2011	10/1/2012 10/1/2012	EACH OCCURRENCE \$ \$5,500,000.00 AGGREGATE PRODUCTS - \$ \$11,000,000.00 NEW HAMPSHIRE (CSL) \$ \$7,250,000.00
B C D E F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC 015884005 (CT,GA,PA,SC) WC 015884008 (FL) WC 015884008 (MI) WC 015884004 (CA) WC 015884007 (MA, ND, OH, WA, WI, WY)	10/1/2011 10/1/2011 10/1/2011 10/1/2011 10/1/2011	10/1/2012 10/1/2012 10/1/2012 10/1/2012 10/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ \$2,000,000.00 E L DISEASE - EA EMPLOYEE \$ \$2,000,000.00 E L DISEASE - POLICY LIMIT \$ \$2,000,000.00
A A A	Builder's Risk/Installation/Contract Works Rental Equipment/Contractor's Equipment Blanket Transit			OC & OCW 91128600 OC & OCW 91128600 OC & OCW 91128600	10/1/2011 10/1/2011 10/1/2011	10/1/2012 10/1/2012 10/1/2012	USD \$1,000,000.00 per jobsite USD \$1,000,000.00 per jobsite USD \$1,000,000.00 per conveyance

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

Project: SPA Field House Upgrade Proj# 937998301 407-409230-01 PO# 900557 dated 07/30/2008
 Please refer to attached ACORD 101 for further remarks.

CERTIFICATE HOLDER Stephen F Austin University P O Box 6085 Nacogdoches, TX 75962 United States	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 MARSH USA INC. BY: Cynthia Kim, Casualty Program Franklin Mallock, Global Marine Transit Program
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED SimplexGrinnell, LP	
POLICY NUMBER		1125 East Collins Blvd. Richardson, TX 75081 United States	
CARRIER	NAIC	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

REGARDING POLICIES OF INSURANCE:

Insurer	Policy Number(s)	Effective Date(s)	Expiration Date(s)
F	WC 015884009 (MN)	10/1/2011	10/1/2012
F	WC 015884003 (AOS)	10/1/2011	10/1/2012

REGARDING NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:

This endorsement modifies the notice of cancellation of insurance provided hereunder:

Should any of the above described policies be cancelled, other than for non-payment of premium, before the expiration date thereof, 30 days advance of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

All other terms and conditions of this policy remain unchanged.

REGARDING ADDITIONAL INSURED STATUS:

In accordance with the policy provisions, Stephen F Austin University is included as an additional insured under this policy, as a result of any contract or agreement entered into by the named insured and Stephen F Austin University.

REGARDING WAIVER OF SUBROGATION:

In accordance with the policy provisions, the Waiver of Subrogation applies per contract or agreement entered into by the named insured and Stephen F Austin University.

**FOR QUESTIONS REGARDING THIS CERTIFICATE OF INSURANCE CONTACT:
LAURA ALLEN (Email: laallen@simplexgrinnell.com Phone: 972-587-5262)**

This Certificate of Insurance was generated by EXIGIS RISKworks® rm.Certificates®. To learn more about EXIGIS Certificate Management Solutions visit www.exigis.com/tyc.

ENDORSEMENT # 001

This endorsement, effective 12: 01 A.M. 10/01/2011 forms a part of
policy No. GL 244-96-07 issued to TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC
BY NEW HAMPSHIRE INSURANCE COMPANY

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

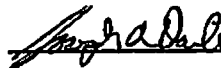
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION 11 - WHO IS AN INSURED, IS AMENDED TO INCLUDE AS AN ADDITIONAL INSURED:

ANY PERSON OR ORGANIZATION TO WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED UNDER THIS POLICY, AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU ENTER INTO WHICH REQUIRES YOU TO FURNISH INSURANCE TO THAT PERSON OR ORGANIZATION OF THE TYPE PROVIDED BY THIS POLICY, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF YOUR OPERATIONS, COMPLETED OPERATIONS, OR PREMISES OWNED BY OR RENTED TO YOU. HOWEVER, THE INSURANCE PROVIDED WILL NOT EXCEED THE LESSER OF:

- * THE COVERAGE AND/OR LIMITS OF THIS POLICY, OR**
- * THE COVERAGE AND/OR LIMITS REQUIRED BY SAID CONTRACT OR AGREEMENT.**

09/07/2011
1803



Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 10/01/2011 forms a part of Policy No. CA 350-64-64 issued to Tyco International Management Company, LLC by National Union Fire Insurance Company of Pittsburgh PA

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

Any person or organization for whom you are contractually bound to provide Additional Insured status but only to the extent of such person or organizations liability arising out of the use of a covered "auto".

- I. **SECTION II - LIABILITY COVERAGE, A. Coverage, 1. – Who Is Insured, is amended to add:**
- d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:
- (1) The coverage and/or limits of this policy, or
 - (2) The coverage and/or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

ANY PERSON OR ORGANIZATION TO WHOM YOU BECOME OBLIGATED TO WAIVE YOUR RIGHTS OF RECOVERY AGAINST, UNDER ANY CONTRACT OR AGREEMENT YOU ENTER INTO PRIOR TO THE OCCURRENCE OF LOSS.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.