CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/18/2018

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 have ADDITIONAL INSURED provisions or 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 Bockmon, Knight & Traylor Insurance Agency 450 E Loop 281 Ste C-1 Longview TX 75605	CONTACT NAME: Ashley Johnson PHONE (A/C, No, Ext): (903) 234-8505 FAX (A/C, No): (903) 234-8717 E-MAIL ADDRESS: ashleyjohnson@bockmoninsurance.com
INSURED Baxter Sales Company, Inc.; Elite Refinishers, LLC; RSAM LLC DBA Baxter Clean Care; DBA Baxter Sales Company 114 East Niblick Street Longview TX 75604	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Acadia Ins. Co. — 31325 INSURER B: Continental Western Ins Co — 10804 INSURER C: Accident Fund Ins Co of America INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL1851807079 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CPA 4749023-11	05/18/2018	05/18/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CPA 4749023-11	05/18/2018	05/18/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP-Basic	$ 1,000,000 $ $ $ $ 2,500
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CUA 4749025-11	05/18/2018	05/18/2019	EACH OCCURRENCE AGGREGATE [ ]	$ 3,000,000 $ 3,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV6144542 01	05/18/2018	05/18/2019	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

A BLANKET WAIVER OF SUBROGATION IS INCLUDED ON THE GENERAL LIABILITY, AUTOMOBILE LIABILITY AND WORKERS COMPENSATION POLICIES WHEN REQUIRED BY WRITTEN CONTRACT BETWEEN THE INSURED AND STEPHEN F AUSTIN STATE UNIVERSITY, ITS OFFICIALS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND VOLUNTEERS. A BLANKET ADDITIONAL INSURED BROAD FORM VENDORS ENDORSEMENT IS INCLUDED ON THE GENERAL LIABILITY AND A BLANKET ADDITIONAL INSURED IS INCLUDED ON THE AUTOMOBILE POLICIES WHEN REQUIRED BY A WRITTEN CONTRACT BETWEEN THE INSURED AND STEPHEN F AUSTIN STATE UNIVERSITY, ITS OFFICIALS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND VOLUNTEERS. THE UMBRELLA POLICY FOLLOWS FORM OVER ALL THREE POLICIES.

CERTIFICATE HOLDER

Stephen F Austin State University
P. O. Box 13030
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

Danny Bockmon

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