CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/10/2017

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
BancorpSouth Insurance Services, Inc.
P.O. Box 631202
Nacogdoches TX 75963

CONTACT NAME: Stacy Triana
PHONE (A/C, No, Ext): 936-564-0221 FAX (A/C, No): 936-569-6938
E-MAIL ADDRESS: stacy.triana@bxsi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Fire Insurance Co of Hartford	20478
INSURER B : Continental Casualty Company	20443
INSURER C : Valley Forge Insurance Company	20508
INSURER D : Travelers Lloyds Insurance Company	41262
INSURER E :	
INSURER F :	

INSURED
J.E. Kingham Construction Co. - Housing Ops. JEKINGH-01
P.O. Box 630632
Nacogdoches TX 75963-0632

COVERAGES **CERTIFICATE NUMBER:** 1547113727 **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			4025725100	1/1/2017	1/1/2018	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$15,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
C	AUTOMOBILE LIABILITY			4026835689	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			4024341545	1/1/2017	1/1/2018	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4026835692	1/1/2017	1/1/2018	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N/A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
D	Builders Risk			6609265A757	1/1/2017	1/1/2018	Limit Per Location	$25,000,000
A	Leased/Rented Equipment			4025725100	1/1/2017	1/1/2018	Max Limit Per Item	$300,000

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

Job - Housing Operations & Printing Facility

General liability policy includes certificate holder as an additional insured when required by written contract including Products/Completed Operations coverage and in no way will the additional insured status exceed the limits, terms or conditions of the policy. Primary & Non-Contributory wording applies when required by written contract.

See Attached...

CERTIFICATE HOLDER

Stephen F Austin State University
1936 North Street
Nacogdohces 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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AGENCY CUSTOMER ID: JEKINGH-01

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
BancorpSouth Insurance Services, Inc.		J.E. Kingham Construction Co. P.O. Box 630632 Nacogdoches TX 75963-0632
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Auto liability policy includes certificate holder as an additional insured when required by written contract but in no event shall such coverage exceed the limits, terms or conditions of the policy.

General Liability, Auto Liability and Workers Compensation policies include a waiver of subrogation in favor of certificate holder when required by written contract but in no event shall such coverage exceed the limits, terms or conditions of the policy.

The Umbrella and/or Excess Liability policy will follow form of General Liability, Auto Liability and Employers Liability/Workers Compensation policies including the additional insured and waiver of subrogation endorsement requirements.

30 Day Notice of Cancellation is provided when required by written contract except in the event of cancellation for Non-Payment of Premium.

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