ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2014

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

StateFarm

Jamie Rodrigues
104 W College St
Nacogdoches, TX 75965

CONTACT NAME: Betty Barnes
PHONE (A/C, No, Ext): 936-564-7000 FAX (A/C, No): 936-560-9224
E-MAIL ADDRESS: betty.barnes.ijpl@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: State Farm Mutual Automobile Insurance Company	25178
INSURER B: State Farm Lloyds	43419
INSURER C: State Farm Fire and Casualty Company	25143
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

angie@johnrhibbard.com

JOHN R HIBBARD CO INC
2208 N STALLINGS DR
NACOGDOCHES TX 75964-1258

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 1

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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		93-BM-C028-8	~~05/27/2014~~ Attached	~~05/27/2015~~ 5/27/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							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
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Y		187 8779-F06-43 187 8780-F06-43 187 8782-F06-43 195 1589-D22-43 Attached	5/27/16		COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$ 500,000
							BODILY INJURY (Per accident)	$ 500,000
							PROPERTY DAMAGE (Per accident)	$ 100,000
								$
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			93-B3-X828-1	11/16/2014	11/16/2015	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Additional Auto Policy #211 7637-B03-43 effective 08/03/2014-02/03/2015 same liability coverage as listed above

CERTIFICATE HOLDER

Stephen F Austin State University, Its Officials, Directors, Employees, Representatives, & Volunteers
Attn: Procurement & Property Services
PO 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

Jamie Rodrigues
Betty Barnes LSA

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StateFarm

STATE FARM LLOYDS
A LLOYDS COMPANY IN DALLAS, TEXAS

P.O. Box 799100
Dallas, TX 75379-9100

Addl Insured-Section II Only

AT2 M-08-7732-FA55 F Z

000760 3125
STEPHEN F AUSTIN STATE
UNIVERSITY PROCUREMENT &
PROPERTY SERVICES
PO BOX 13030
NACOGDOCHES TX 75962-0001

0105-ST-0000

RENEWAL DECLARATIONS

Commercial

Policy Number	93-BM-C025-6	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	MAY 27 2015	MAY 27 2016

The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured
JOHN R HIBBARD CO INC
2208 N STALLINGS DR
NACOGDOCHES TX 75964-1258

Home Product Sales Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM $ 852.00

Discounts Applied:
Renewal Year
Years in Business
Enclosed Building
Protective Devices
Claim Record

Prepared
APR 10 2015
CMP-4000

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Home Product Sales Policy for STEPHEN F AUSTIN STATE
Policy Number 93-BM-C025-6

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase- Business Personal Property
001	2208 N STALLINGS DR NACOGDOCHES TX 75964-1258	No Coverage	$ 54,400	25%

As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 238.3

SECTION I - DEDUCTIBLES

Basic Deductible $1,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250
Equipment Breakdown	$1,000		

Other deductibles may apply - refer to policy.

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APR 10 2015
CMP-4000

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Home Product Sales Policy for STEPHEN F AUSTIN STATE
Policy Number 93-BM-C025-6

0205-ST-0000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	$10,000
Off Premises	$5,000
Arson Reward	$5,000
Back-Up Of Sewer Or Drain	$15,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Extinguisher Systems Recharge Expense	$5,000
Forgery Or Alteration	$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	$5,000
Money And Securities (On Premises)	$10,000
Money Orders And Counterfeit Money	$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000

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Home Product Sales Policy for STEPHEN F AUSTIN STATE
Policy Number 93-BM-C025-6

Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Personal Property Off Premises	$25,000
Pollutant Clean Up And Removal	$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Signs	$5,000
Valuable Papers And Records	
On Premises	$10,000
Off Premises	$5,000
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Dependent Property - Loss Of Income	$5,000
Employee Dishonesty	$10,000
Utility Interruption - Loss Of Income	$10,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

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0305-ST--0000

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	$1,000,000
Coverage M - Medical Expenses (Any One Person)	$5,000
Damage To Premises Rented To You	$300,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	$2,000,000
General Aggregate	$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
FE-6999.1	*Terrorism Insurance Cov Notice
CMP-4243.1	Amendatory Endorsement
CMP-4706	Back-Up of Sewer or Drain
CMP-4704	Dependent Prop Loss of Income
CMP-4710	Employee Dishonesty
CMP-4709	Money and Securities
CMP-4703	Utility Interruption Loss Incm
CMP-4705	Loss of Income & Extra Expnse
CMP-4786	Addl Insd Owners Lessee Sched
FD-6007	Inland Marine Attach Dec

* New Form Attached

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Continued on Reverse Side of Page

Home Product Sales Policy for STEPHEN F AUSTIN STATE
Policy Number 93-BM-C025-6

This policy is issued by State Farm Lloyds, Inc.

SERVICE OF PROCESS - Service of Process may be had upon the Agent for Service of Process duly designated for such purpose. Underwriters at State Farm Lloyds have complied with the laws of the State of Texas regulating Lloyds plan insurance and said statutes are hereby made a part of the policy. The entire assets of State Farm Lloyds supports its policies, but each individual underwriter's liability is several and not joint and is limited by law to the amount fixed by each underwriter's contract and subscription and no underwriter is liable as a partner. This policy is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreements or conditions as may be endorsed hereon or added hereto, and no agent or other representative of State Farm Lloyds shall have the power to waive any provision or condition of this policy. This policy is non-assessable and no contingent liability of any kind and character attaches to the insured named herein.

In Witness Whereof, State Farm Lloyds has caused this policy to be signed by the President and Secretary of its Attorney-in-Fact.

By:

Secretary
State Farm Lloyds, Inc.
Attorney-in-Fact

State Farm Lloyds

President
State Farm Lloyds, Inc.
Attorney-in-Fact

Prepared
APR 10 2015
CMP-4000

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Home Product Sales Policy for STEPHEN F AUSTIN STATE
Policy Number 93-BM-C025-6

0405-ST-0000

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

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STATE FARM LLOYDS
A LLOYDS COMPANY IN DALLAS, TEXAS

P.O. Box 799100
Dallas, TX 75379-9100

M-08-7732-FA55 F Z

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	**93-BM-C025-6**	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	MAY 27 2015	MAY 27 2016

The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured

JOHN R HIBBARD CO INC
2208 N STALLINGS DR
NACOGDOCHES TX 75964-1258

0505-ST--0000

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739	Inland Marine Conditions
FE-6865	Amend of Inland Marine Condtns
FE-8743	Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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APR 10 2015
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743	Inland Marine Computer Prop	$ 25,000	$ 500	Included
	Loss of Income and Extra Expense	$ 25,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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APR 10 2015
FD-6007

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State Farm Mutual Automobile Insurance Company
P.O. Box 799100
Dallas, TX 75379-9100

StateFarm™

AT1 010155 0008 5DD-7732 A
JOHN R HIBBARD CO INC
2208 N STALLINGS DR
NACOGDOCHES TX 75964-1258

ST-5 0102-G002

RENEWAL CERTIFICATE
BUSINESS AUTO POLICY DECLARATIONS

PREMIUM PAID: $753.55
DO NOT PAY.
Your premium is billed through the State Farm Payment Plan
State Farm Payment Plan Number: 1090519308

Comp coverage? if so?
ex. - Deer? → so fast

Policy Number: 211 7637-B03-43D
Policy Period: February 03, 2015 to August 03, 2015 Auto
12:01 A.M. Standard Time at the address of the named insured as stated herein

Vehicle:
2008 GMC YUKON

Your State Farm Agent
JAMIE RODRIGUES
Office: 936-564-7000
Address: 104 W COLLEGE ST
NACOGDOCHES, TX 75965-3907

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

GET THE DISCOUNTS YOU DESERVE.

You can earn discounts on your insurance as your life changes. Visit **DiscountDoubleCheck.com** or talk to your State Farm® agent about a free Discount Double Check®, today.

Discounts	up to
Multiple Automobiles	20%
Multi-line	17%
Good Driving	10%
Accident Free	25%

*Discount names, percentages and availability may vary by state.

State Farm Mutual Automobile Insurance Company. State Farm Indemnity Company, Bloomington, IL TP03

StateFarm

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2008 GMC YUKON	1GKFK63878J126228	*For this commercial vehicle, contact your agent for a full review of drivers.*	

Vehicle Body Type: Sport Wagon, Vehicle Use: Delivery to other businesses - Other than food or hazardous materials - On Demand, Business Description: Computer, Office Equipment, & Furniture - Sales & Service, Radius of Operation: 90 miles, Annual Distance Driven: 12000 miles, Manufacturer's Suggested Retail Price

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

AB	Liability - (symbol 7)	$352.73
	Bodily Injury 500,000/person, 500,000/accident	Included
	Property Damage 100,000/accident	Included
P3	Personal Injury Protection (see endorsement)	$21.41
	each person 10,000	
E5	Specified Causes of Loss - (symbol 7)	$121.85
G	1000 Deductible Collision - (symbol 7)	$209.72
U	Uninsured/Underinsured Motorists (see endorsement)	$47.84
	Bodily Injury 250,000/person, 500,000/accident	Included
	Property Damage 50,000/accident (250 deductible)	Included
Total Premium		$753.55

EXCEPTIONS AND ENDORSEMENTS

Your policy consists of this declarations page, the policy booklet - form 9843U3, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

FINANCED-ANY LOSS UNDER PHYSICAL DAMAGE COVERAGE IS PAYABLE AS INTEREST MAY APPEAR TO THE INSURED AND AUSTIN BANK TEXAS NA INSURANCE SERVICE CENTER, PO BOX 701046, DALLAS TX 75370-1046.

TE 99 01B ADDITIONAL INSURED-STEPHEN F AUSTIN STATE UNIVERSITY PROCUREMENT & PROPERTY SERVICE, PO BOX 13030, NACOGDOCHES TX 75962-0001.

TE 99 01B ADDITIONAL INSURED-STEPHEN F. AUSTIN STATE UNIVERSITY, PO BOX 13030, NACOGDOCHES TX 75962-0001.

TE 00 40B AMENDATORY ENDORSEMENT-TEXAS: CHANGE TO CONDITIONS, PHYSICAL

(continued on next page)

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EXCEPTIONS AND ENDORSEMENTS *continued*

DAMAGE COVERAGE AND DEFINITION OF SECTION VI.
6943BB AMENDATORY ENDORSEMENT.
$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.
IL 00 21 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT BROAD FORM.
TE 00 39B AMENDATORY ENDORSEMENT: CHANGE CONDITIONS AND DEFINITIONS.
ITEM 2-SYMBOL 7 SPECIFICALLY DESCRIBED AUTOS.
TE 04 01C PERSONAL INJURY PROTECTION ENDORSEMENT-TEXAS (COVERAGE P).
TE 04 06B MEXICO COVERAGE-LIMITED.
TE 04 09D UNINSURED/UNDERINSURED MOTORISTS INSURANCE (COVERAGE U).
TE 20 35A LOSS PAYABLE CLAUSE-MODIFIED.
TE 99 14A FIRE, FIRE AND THEFT, WINDSTORM, FLOOD, RIOT OR CIVIL COMMOTION AND LIMITED SPECIFIED CAUSES OF LOSS COVERAGES.
TE 99 60A SUPPLEMENTARY DEATH BENEFIT.

ST-5 0202-G002