CO

CERTIFICATE OF INSURANCE

This certifies that

- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- ☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- ☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- ☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- ☒ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder: SOUTHERN RELIANT ELECTRIC, INC.

Address of policyholder: 4621 OLD UNION ROAD, LUFKIN, TX 75904-4291

Location of operations:

Description of operations: ELECTRICAL CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD Effective Date	POLICY PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)	
93-CA-B572-9	Comprehensive Business Liability	11/14/14	11/14/15	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:	☒ Products - Completed Operations ☒ Contractual Liability ☐ Underground Hazard Coverage ☒ Personal Injury ☒ Advertising Injury ☐ Explosion Hazard Coverage ☐ Collapse Hazard Coverage ☐ ☐			Each Occurrence General Aggregate Products – Completed Operations Aggregate	$ 2000000 $ 4000000 $ 4000000
93-B5-M956-4	EXCESS LIABILITY ☒ Umbrella ☐ Other	03/08/15	03/08/16	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence Aggregate	 $ 2MM $
SBP-0001247040	Workers' Compensation and Employers Liability	01/09/15	01/09/16	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident Disease - Each Employee Disease - Policy Limit	 $ 1MM $ 1MM $ 1MM

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD Effective Date	POLICY PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
105-6556-c06-431	autos	03/06/14	09/06/15	1MM/1MM/1MM
				COMPANY OWNED AUTOS

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

CERTIFICATE HOLDER SHOWN BELOW ARE LISTED AS ADDITIONAL INSURED & WAIVER OF SUBROGATION ON POLICIES

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

STEPHEN F AUSTIN STATE UNIVERSITY
P O BOX 13031
NACOGDOCHES, TX 75962

Signature of Authorized Representative

JAY JACKSON, AGENT — 07/06/2015

Title — Date

Agent's Code Stamp

AFO Code F067

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