CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/2018

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 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

NACRM/TIB TRANSPORTATION INSURANCE BROKERS
PO BOX 414
LOMETA, TEXAS 76753

CONTACT NAME: BRENDA THOMPSON
PHONE (A/C, No, Ext): 800/469-4318 FAX (A/C, No): 512-752-3030
E-MAIL ADDRESS: BRENDA@NACRM.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: PROTECTIVE INSURANCE COMPANY	12416
INSURER B: HUDSON EXCESS INSURANCE COMPANY	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

MICHAEL G. LABRIE,INC. DBA SUN TRAVEL TOURS
& LABRIE LIMOUSINE, LLC DBA SUN TRAVEL LIMO
PO BOX 12691
BEAUMONT, TEXAS 77726

COVERAGES **CERTIFICATE NUMBER:** 105678 **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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			TG000098	03/31/18	03/31/19	EACH OCCURRENCE	$	5,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$	
	X POLICY PRO-JECT LOC							$	
A	AUTOMOBILE LIABILITY			TG000098	03/31/18	03/31/19	COMBINED SINGLE LIMIT (Ea accident)	$	5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
B	UMBRELLA LIAB / OCCUR			HXS100029802	03/31/18	03/31/19	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED / RETENTION $							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	PHYSICAL DAMAGE			TG000098	03/31/18	03/31/19	DEDUCTIBLE: 5,000.00 BUSES 1,000 VANS/LIMOS COMP / COLLISION		

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

CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED WITH RESPECT TO THE OPERATION OF THE NAMED INSURED.

CERTIFICATE HOLDER

STEPHEN F AUSTIN STATE UNIVERSITY, ITS
OFFICIALS, DIRECTORS, EMPLOYEES,
REPRESENTATIVES AND VOLUNTEERS
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

Brenda Anderson

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