ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/11/2018

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
Higginbotham Insurance Agency, Inc.
306 W Parkwood Ave.
Friendswood TX 77546

CONTACT NAME: Heather Garcia
PHONE (A/C, No, Ext): 281-990-6051 FAX (A/C, No): 281-990-6052
E-MAIL ADDRESS: hgarcia@higginbotham.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Crum & Forster Specialty Ins. Co	44520
INSURER B : State Automobile Mutual Ins Co.	25135
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SUPER85
Superior Laboratory Services, Inc.
1710 Preston Rd., Ste A
Pasadena TX 77503

COVERAGES **CERTIFICATE NUMBER:** 1534460263 **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			EPK124546	10/16/2018	10/16/2019	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Ded: $5,000						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER							$
B	AUTOMOBILE LIABILITY			BAP239124905	10/16/2018	10/16/2019	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			EFX111626	10/16/2018	10/16/2019	EACH OCCURRENCE	$ 10,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			See Attached	12/31/19		PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Contractors Pollution Professional Liability Prof. Retro Date 10/16/2012			EPK124546	10/16/2018	10/16/2019	Pollution Liab. Professional Liab. Poll. Ded/Prof. Ded	$1,000,000 $1,000,000 $5,000/$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Coverages: Contractors Equip. Policy #SPP249372405 Eff. 10/16/18-10/16/19 Carrier: State Automobile Mutual Insurance Co. Scheduled Limit $132,246, Leased/Rented Limit $50,000; Deductible $1,000

The General Liability and Automobile Liability policies include a blanket automatic additional insured endorsement that provides additional insured status and a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Excess Policy includes a blanket Primary & Non Contributory endorsement and a Blanket Waiver of Subrogation endorsement to the certificate holder See Attached...

CERTIFICATE HOLDER

Stephen F. Austin State University
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

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AGENCY CUSTOMER ID: SUPER85

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Higginbotham Insurance Agency, Inc.	Superior Laboratory Services, Inc. 1710 Preston Rd., Ste A Pasadena TX 77503
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

when required by written contract. The Excess Liability is follow form for the Additional Insureds as required by written contract.
Certificate Holder is amended to include Stephen F. Austin State University, its officials, directors, employees, representatives and Volunteers. 1936 North St. Nacogdoches, TX 75962

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2018

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PRODUCER Stonehenge Insurance Solutions, Inc. 300 Avenue of the Champions Ste. 222 Palm Beach Gardens, FL 33418	**CONTACT NAME:** Stonehenge Certificates **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** certs@stonehengeis.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #** **INSURER A :** New York Marine and General Insurance Company — 16608
INSURED Bradford Holding Company, Inc. dba Unique Staff Leasing III Ltd dba Unique HR Alternate Employer: Superior Laboratory Services, Inc 4646 Corona, Ste. 105 Corpus Christi, TX 78411	**INSURER B :** **INSURER C :** **INSURER D :** contact@stonehengeis.com **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 7FSF4VWH **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WC2018EPP00193	12/31/2018	12/31/2019	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	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
								$
								$
								$
								$
								$

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

Workers' Compensation Coverage indicated above is Excess of $2,000,000 Self Insured Retention. Insured is a CERTIFIED SELF INSURER in the State of Texas and a member of the Certified Self Insurer Guaranty Association.
Coverage is provided to only those employees leased to but not subcontracted to the Alternate Employer, Superior Laboratory Services, Inc.
Blanket Waiver of Subrogation is provided if required by written contract.

CERTIFICATE HOLDER

Stephen F. Austin State University
It's Officials, Directors, Employees, Representatives and Volunteers
PO Box 13030
Nacogdoches, TX 75962

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