



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/27/2016

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 GSM Insurors-San Antonio P O Box 1478 Rockport, TX 78382 GSM Insurors CL-Nancy Zaiontz	CONTACT NAME: GSM Insurors CL-Nancy Zaiontz PHONE (A/C, No, Ext): 361-729-5414 FAX (A/C, No): 361-729-3817 E-MAIL ADDRESS: ddick@gsminsurors.com														
INSURED Athletic Field Specialists, LLC Matthew Webb 15059 FM 1094 Cat Spring, TX 78933-5165	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Wesco Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B : Sentinel Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Evanston Ins. Co.</td> <td>35378</td> </tr> <tr> <td>INSURER D : Service Lloyds</td> <td></td> </tr> <tr> <td>INSURER E : Hanover Insurance Group</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Wesco Insurance Co		INSURER B : Sentinel Insurance Company		INSURER C : Evanston Ins. Co.	35378	INSURER D : Service Lloyds		INSURER E : Hanover Insurance Group		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			WPP110758703	07/09/2016	07/09/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			65UECND9993	08/09/2015	08/09/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
C	UMBRELLA LIAB			XOBW6665416	07/09/2016	07/09/2017	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SRZG1677115	09/23/2015	09/23/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	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
E	Equipment Floater Leased/Rented			IHD930029304	09/16/2015	09/16/2016	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Stephen F. Austin State University its officials, directors, employees, representatives and volunteers are included as additional insured on the general liability per blanket additional insured endorsement. Blanket additional insured on the auto liability. Blanket waiver of subrogation on the general liability, auto liability and workers compensation (continued)

CERTIFICATE HOLDER

CANCELLATION

STEPHE2 Stephen F Austin State Univ. its officials directors, emplo "CertHolderWordingAttached" 1936 North St. Nacogdoches, TX 75962	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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NOTEPAD:

HOLDER CODE **STEPHE2**
INSURED'S NAME **Athletic Field Specialists,LLC**

ATHLE-1
OP ID: DD

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Date **07/27/2016**

policies.

Certificate Holder:

Stephen F Austin State University
it officials, directors, employees,
representatives and volunteers.
1936 North St.
Nacogdoches, TX 75962

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION REQUIRED TO BE NAMED AS AN ADDITIONAL INSURED UNDER A CONTRACT AND EVIDENCED BY CERTIFICATE OF INSURANCE OR DOCUMENT ON FILE WITH COMPANY
Primary and Non-Contributory for Pest Control Operations Only.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

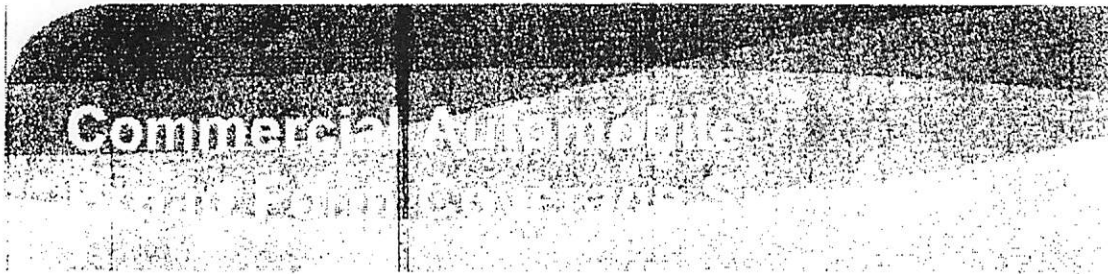
COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Person Or Organization: AS PER WRITTEN CONTRACT OR WRITTEN AGREEMENT</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



The Hartford's commercial auto product takes standard protection one step further. We build-in a variety of coverage enhancements to better protect your clients. Our Auto Broad Form endorsement includes:

Hired auto physical damage	When owned autos are insured, coverage up to \$100,000 also applies to any auto your client rents, loans or leases.
Coverage territory	For liability arising out of the operation of hired autos, coverage territory is expanded to worldwide.
Broad form named insured	Includes subsidiaries, newly acquired or formed organizations, employees as insureds, lessors as insureds and any person or organization required by contract to be named as an additional insured.
✓ Additional insured if required by contract	Satisfies contractual obligation to name additional insureds on the policy, if required by the contract.
Primary and non-contributory if required by contract	If the insured has agreed in writing with an additional insured that insurance for the additional insured will be primary and noncontributory, and we will not seek contribution from the additional insured's other insurance.
Electronic equipment coverage	Expands coverage to equipment that receives or transmits audio, visual or data signals if the equipment (such as GPS, backup cameras and DVD entertainment systems) is: <ul style="list-style-type: none"> - permanently installed in a covered "auto"; and - is designed to be operated by the power from the "auto's" electrical system
Fellow employees exclusion	Amended so that it does not apply if workers compensation insurance is in-force on all employees.
Expense for temporary transportation	Increased to \$50 per day, subject to a maximum of \$1,000.
Extra expense	Broadened to include the cost to return a stolen vehicle to the insured.
Lease gap and loan gap	Pays the outstanding balance of a lease or loan in the event of a total loss to a covered auto.
✓ Waiver of our right of recovery	Applies when the Named Insured has waived this right by written contract.
Waiver of the applicable physical damage	Applies when damaged glass is repaired instead of replaced.
Waiver of the smallest deductible	Applies when a single event results in damage to property covered by the Hartford auto and another Hartford policy.
Duties in the event of an accident, claim, or suit	Amended to clarify that they apply only when the accident is known to a partner, executive officer or insurance manager.
Cancellation condition	Extended to 60 days for all reasons other than non-payment.
Unintentional failure to disclose hazards	Clarification that we will not deny coverage due to the named insured's unintentional failure to disclose hazards.
Hybrid payment coverage	Provides payment of an additional 10% of actual cash value, up to a maximum of \$2,500 if a non-hybrid auto is involved in a total loss, and is replaced, within 60 days, by a hybrid auto.

This document provides an overview of coverages and services. Coverages may differ in availability by state. All coverages are individually underwritten. For a complete description of all coverages, terms and conditions, refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the policy prevail.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY
TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Specific Waiver

Name of person or organization:

(X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: LAWN MAINTENANCE

3. Premium

The premium charge for this endorsement shall be 2 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advanced Premium

Endorsement Effective: 9/23/15 Policy No. SRZG1677115 End. No. 04
Insured: ATHLETIC FIELD SPECIALIST, LLC
Insurance Company: Service Lloyds Ins. Co.

Countersigned by *Dendra L. Kell*

WC 42 03 04 A

We have issued an industry-standard ACORD certificate of insurance for our customer. A law passed by the Texas Legislature effective January 1, 2012 (Senate Bill 425) prohibits us from adding special wording to the certificate that would

- (1) alter, amend or extend coverage or terms and conditions provided by the insurance policy; or
- (2) provide false or misleading information concerning the insurance policy; or
- (3) refer to a legal or insurance requirement contained in a contract.

For more information regarding the law, please go to the Texas Department of Insurance website at:

<http://www.tdi.texas.gov/rules/informal1216.html>