



BAILBAR-01

AMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2017

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 Dwight W. Andrus Insurance, Inc. P.O. Box 60970 Lafayette, LA 70596-0970	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(337) 981-7300	FAX (A/C, No): (337) 984-2166
	E-MAIL ADDRESS:	customerservice@andrus.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	United Fire & Casualty Ins.	13021
	INSURER B :	LUBA Casualty Insurance Co.	12472
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED

Bailey Bark Materials Inc
3366 FM 2259
Nacogdoches, TX 75961

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DWA(BAILBAR-01)PKCL	01/21/2017	01/21/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			DWA(BAILBAR-01)PKCL	01/21/2017	01/21/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			DWA(BAILBAR-01)PKCL	01/21/2017	01/21/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	028000020000116	10/21/2016	10/21/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 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)

ACTUAL POLICY FORMS & ENDORSEMENTS ARE AVAILABLE UPON REQUEST FOR REVIEW

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

**Stephen F. Austin State University, its officials,
directors, employees, representatives and volunteers**
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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ADDITIONAL REMARKS SCHEDULE

AGENCY Dwight W. Andrus Insurance, Inc.		NAMED INSURED Bailey Bark Materials Inc 3366 FM 2259 Nacogdoches, TX 75961	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

ADDENDUM TO CERTIFICATE:

NOTE: Any information contained in the Certificate of Insurance or this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.

General Liability:

- Additional Insured - Owners Lessees or Contractor- Automatic Status When Required In Construction Agreement With You- Ongoing Operations And Products- Completed Operations- as required by written contract executed prior to a loss.
- Waiver of Transfer of Subrogation - as required by written contract executed prior to a loss.
- Primary and NonContributory - as required by written contract executed prior to a loss.
- Cancellation to Others Endorsement: Number of Days: 30 as required by written contract for any reason other than nonpayment of premium is amended to the number of days shown.

Commercial Auto:

- BUSINESS AUTO ULTRA ENDORSEMENT: Additional Insured- any person or organization as required by written contract executed prior to a loss
- Blanket Waiver of Transfer of Rights of Recovery- as required by written contract executed prior to a loss.

Worker's Compensation:

- Waiver of Our Right To Recover From Others Endorsement - blanket waiver of subrogation as required by written contract executed prior to a loss.
- Cancellation to Others Endorsement: Number of Days: 30 as required by written contract for any reason other than nonpayment of premium is amended to the number of days shown.
- Alternate Employer Endorsement- blanket alternate employer as required by written contract executed prior to a loss.