



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2017

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 ADVISOR INSURANCE GROUP LLC 5450 NW CENTRAL DR. STE 270 Houston, TX 77092		CONTACT NAME: Hanadi Hussein PHONE (A/C, No, Ext): 713-688-1660 E-MAIL ADDRESS: hanadi@advisorus.com FAX (A/C, No): (713) 688-1662	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Tokio Marine Specialty Insuran	
		INSURER B: Sentinel Ins. Co. Ltd.	
		INSURER C: Tokio marine Specialty Insurance	
		INSURER D: Texas Mutual Insurance	
		INSURER E:	
		INSURER F:	

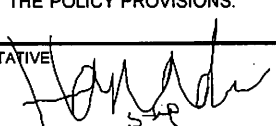
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	ADGL (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PPK1663211	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			61 UEC KK9472	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PPK1663214	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	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	N/A	SBP-0001243419	10/10/2016	10/10/2017	<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
A	Prof'l Liab (C) * Pollution (occ) * (Contractors/Trans)			PPK1663211	6/1/2017	6/1/2018	Each Claim \$ 1,000,000 Aggregate \$ 2,000,000 \$ 1,000,000

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

Please See Attached Additional Remarks.

CERTIFICATE HOLDER Stephen F. Austin State University Its Officials, directors, employees, representatives and Volunteers 1936 North St. Nacogdoches, Texas 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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY ADVISOR INSURANCE GROUP LLC		NAMED INSURED HONESTY ENVIRONMENTAL SERVICES, INC.	
POLICY NUMBER SEE ACORD 25		6741 SATSUMA DRIVE, BUILDING B	
CARRIER Multiple Carriers	NAIC CODE	HOUSTON, TX 77041	
		713-856-5354 - Teresa	
		EFFECTIVE DATE: 6/1/2017	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: **CERTIFICATE OF LIABILITY INSURANCE**

As respects General Liability/Business Auto/Excess Liability Policies,

Certificate Holders are Additional Insured per the Commercial General Liability Coverage Form PIC-EPAC-300 (12/16) Blanket-on going operations
Form PIC-EPAC-302 (12/16) Blanket -Completed operations

Waiver of Subrogation applies in favor of the Certificate holder per the Commercial General Liability Coverage Form PIC-EPAC-708 (12/16) attached to this policy and as respects Commercial General Liability.

Coverage is primary and non-contributory and provides for all operations of the named insured per the Commercial General Liability Coverage Form PIC-EPAC-704 (12/16) attached to this policy.

As respects to Business Auto, Certificate holder is an Additional Insured and a Waiver of Subrogation applies in favor of the Certificate holder per the Commercial Auto Broad Form Endorsement HA9916 attached to this policy.

As respects Business Auto, Notice of cancellation will be provided in accordance with Form IH0307 attached to the policy(s) - 30 day Notice of Cancellation except 10 days for non-payment of premium to Certificate Holders on file with the Company or Agent of Record. Excess Liability is a follow-form.

As respects Contractors Pollution Liability - Additional Insured status provided by form PIC-EPAC-003 (12/16).

Environmental Consultant's Professional Liability - Additional Insured status provided by form PIC-EPAC-002 (12/16).

As respects Workers' Compensation, Certificate Holder is provided a Waiver of Subrogation per form WC420304B (ed 6-1-14)