

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2016

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(les) 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

C	ertificate holder in lieu of such endors	<u>ement(s).</u>							
	DUCER			CONTAI NAME:	СТ				
Brady, Chapman, Holland & Associates					PHONE (A/C No Ext): 713-688-1500 FAX (A/C No): 713-688-7967				
10055 West Gulf Bank Houston TX 77040					E-MAIL ADDRESS: eCSR24@bch-insurance.com				
					INSURER(S) AFFORDING COVERAGE				NAIC#
					INSURER A: Transportation Insurance Co. (CNA)				20494
INSURED PROGRESSIV2					INSURER B : American Casualty Co of Reading PA				20427
Progressive Commercial Aquatics, Inc				INSURER C: Continental Casualty Co. (CNA)				20443	
2510 Farrell Rd					INSURER D: Texas Mutual Insurance Co				22945
Houston TX 77073					INSURER E :				
		INSURER F:							
co	VERAGES CERT		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 SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY		5094992447		3/31/2016	3/31/2017	EACH OCCURRENC	E \$1,0	000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTE PREMISES (Ea occur	rrence) \$10	0,000
1							MED EXP (Any one p	I	000
							PERSONAL & ADV II	NJURY \$1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-					GENERAL AGGREG	ATE \$2,0	000,000
	POLICY PRO- X LOC						PRODUCTS - COMP	/OP AGG \$2,0	000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY		C5095120963		3/31/2016	3/31/2017	COMBINED SINGLE (Ea accident)	LIMIT \$1,0	000,000
1	X ANY AUTO						BODILY INJURY (Per	r person) \$	
	ALL OWNED SCHEDULED AUTOS	İ					BODILY INJURY (Pe		
}	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAG (Per accident)	SE \$	
1								\$	
c	X UMBRELLA LIAB OCCUR		C5095120879		3/31/2016	3/31/2017	EACH OCCURRENC	E \$5,0	000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,0	000,000
1	DED X RETENTION \$ 10,000							s	
D	WORKERS COMPENSATION		TSF0001223875		3/31/2016	3/31/2017	X PER STATUTE	OTH- ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	NT \$1,6	000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA E	MPLOYEE \$1.0	000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	ICY LIMIT \$1,0	000,000	
A	Leased/Rented Equipment		5094992447		3/31/2016	3/31/2017	Any One Item Maximum		0,000
					1		1		

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

The policy includes Blanket additional insured on the general liability per form G140331D0113 and automobile per form CA20481013, with a waiver of subrogation on the general liability per form CG24040509, automobile per form CNA633590412 and workers compensation per form WC420304A when required by written contract. This insurance is primary and non-contributory as respects general liability G140331D0113. Umbrella additional insured per form G15057C, waiver of subrogation per form G48437A and primary and non-contributory per form G300429A.

Location: 1396 North Street, Nacogdoches, TX 75962 Certificate Holder: Stephen F. Austin State University, its officials, directors, employees, representatives, and volunteers.

CERTIFICATE HOLDER	CANCELLATION				
Stephen F. Austin State University Procurement & Property Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
P.O. Box 13030 Nacogdoches TX 75962	AUTHORIZED REPRESENTATIVE				
	Toff Brady				

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