



MID-CONTINENT CASUALTY COMPANY

P. O. Box 1409 Tulsa, Oklahoma 74101
COMMERCIAL GENERAL LIABILITY POLICY
DECLARATION

AUG 25 2010

Policy No.	04-GL-000804543
Renewal of	04-GL-000771391

Named Insured and Mailing Address MCALLEN AFFORDABLE HOMES INC SEE NAMED INSURED ENDORSEMENT 1420 ERIE AVE MCALLEN TX 78501	Agent Name and Mailing Address CARLISLE INS/CORPUS CHRIS 42-0908 500 N. WATER, #900 CORPUS CHRISTI TX 78471
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POLICY PERIOD: FROM 10/13/2010 TO 10/13/2011 at 12:01 A.M. Standard Time at your mailing address shown above

THE NAMED INSURED IS CORPORATION

BUSINESS DESCRIPTION: BUILDER OF SINGLE FAMILY DWELLINGS

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ <u>11,763.00</u>
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART	\$ _____
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART	\$ _____
RAILROAD PROTECTIVE LIABILITY COVERAGE PART	\$ _____
SURCHARGE / TAXES (if applicable)	\$ _____
TOTAL	\$ <u>11,763.00</u>

REPORTING BASIS: ANNUAL

Form(s) and Endorsement(s) made a part of this policy at this time*: See Attached Schedule- MI 9027

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned at: CORPUS CHRISTI TX
Date: 08/10/2010

By 
Authorized Representative

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATION

Policy No. 04-GL-000804543

Effective Date: 10/13/2010 **
12:01 A.M. Standard Time

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented To You	\$	100,000	Any One Premises
Medical Expense Limit	\$	EXCLUDED	Any One Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: CORPORATION

Business Description*: BUILDER OF SINGLE FAMILY DWELLINGS

Location of All Premises You Own, Rent or Occupy:
SEE ATTACHED LOCATION SCHEDULE

PREMIUM

Location Classification	Code No.	Premium Basis		Rate		Advance Premium	
		A)Area P)Payroll S)Gross Sales M)Admissions	C)Cost U)Per Unit T)See Desc.	Pr/Co	All Other	Pr/Co	All Other
SEE ATTACHED SCHEDULE							

Minimum Premiums

All Other	\$350
Pr/Co	\$547
Policywriting	\$100

Total Advance Premium \$ 1,274. \$ 10,489.

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to the Coverage Part and made part of this policy at time of issue:

*Information omitted if shown elsewhere in the policy.

**Inclusion of date optional.

These declarations are part of the policy declarations containing the name of the insured and the policy period.



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

6210 E Highway 290
Austin, Texas 78723-1098

INFORMATION PAGE

ITEM 1	AFFORDABLE HOMES OF SOUTH TEXAS INC 1420 ERIE AVE MCALLEN, TX 78501-5220	POLICY NUMBER SBP-0001110007 20101013
INSURED NAME AND ADDRESS		Federal Tax ID 74-1883434 Bureau Number Branch AUSTIN Renewal of 0001110007 Entity NON PROFIT CORP Interim Adjustment Group QUARTERLY - 25%
PRODUCER	OTHER WORKPLACES NOT SHOWN ABOVE: see attached schedule of operation. TEXAS VALLEY INSURANCE AGENCY INC DBA: MCAFEE AGENCY PO BOX 625 MERCEDES, TX 78570-625	
20460		

ITEM 2 The Policy Period is from: 10-13-2010 To: 10-13-2011 ✓ 12:01 A.M. standard time at the insured's mailing address

ITEM 3

A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: TEXAS

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The Limits of our Liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	Each Accident
Bodily Injury by Disease	\$ 1,000,000	Each Employee
Bodily Injury by Disease	\$ 1,000,000	Policy Limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

D. This policy includes these endorsements and schedules:

See Schedule of Endorsements attached

ITEM 4

The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

TOTAL ESTIMATED STANDARD PREMIUM	\$ 2,836.00
WAIVER OF SUBROGATION	.00
INCREASED EMPLOYERS LIABILITY LIMITS	57.00
TOTAL PREMIUM SUBJECT TO MODIFICATIONS	2,893.00
PREMIUM MODIFIED TO REFLECT PREM INCENTIVE OF (.85)	434.00-
PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.96)	98.00-
WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12)	283.00-
DEDUCTIBLE PREMIUM	.00
ADMIRALTY/FELA OR L & H W	.00
PREMIUM DISCOUNT, IF APPLICABLE ()	.00
EXPENSE CONSTANT CHARGE	150.00
TOTAL ESTIMATED ANNUAL PREMIUM	\$ 2,228.00
MINIMUM PREMIUM	250.00
DEPOSIT PREMIUM	557.00

Countersigned by *Ron Wright*

Issue Date: 10-06-2010

The Texas Mutual Insurance Company is required by law to provide its policyholders with certain accident prevention services as required by Texas Labor Code, §411.066, at no additional charge and return-to-work coordination services as required by Texas Labor Code §413.021. If you would like more information, call Texas Mutual Insurance Company's loss control division at 1-800-859-5995 for accident prevention services or 1-800-859-5995 for return-to-work coordination services. If you have any questions about this requirement, call the Division of Workers' Health and Safety, Texas Department of Insurance, Division of Workers' Compensation at 1-800-687-7080.