

P.O. BOX 4080  
MCALLEN, TEXAS 78602  
1900 WEST EXPRESSWAY 93  
MISSION, TEXAS 78572  
956-584-8199 Phone, Cellular 956-227-3885  
FAX: 956-584-8608 OR 956-584-7487  
Email: CARLOS.ZUNIGA@FERGUSON.COM



# Fax

<b>To:</b> YVETTE ISLAS	<b>From:</b> CARLOS J. ZUNIGA
<b>Fax:</b> 348-2829 292-7612	<b>Pages:</b> 3-INCLUDING COVER
<b>Phone:</b>	<b>Date:</b> 06/21/11
<b>Re:</b>	<b>CC:</b>

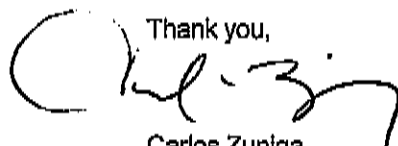
Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

Yvette,

Please find the insurance certificate you requested.

Call me if you have any questions.

Thank you,  
  
Carlos Zuniga



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2010

Page 1 of 2

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	Willis of Maryland, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME PHONE FAX E-MAIL ADDRESS: <u>certificates@willis.com</u>	INSURER(S) AFFORDING COVERAGE	NAIC#
		IAC, NC, EXT: 877-945-7378 IAC, NO: 888-467-2378	INSURER A: National Union Fire Ins. Co. of Pittsburg 19445-002 INSURER B: National Union Fire Ins. Co. of Pittsburg 19445-000 INSURER C: National Union Fire Ins. Co. of Pittsburg 19445-001 INSURER D: New Hampshire Insurance Company 23841-002 INSURER E: Chartis Casualty Company, USA 40258-001 INSURER F:	
INSURED	Ferguson Enterprises, Inc. and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602			

COVERAGES CERTIFICATE NUMBER: 15125123 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.

INER LTR	TYPE OF INSURANCE	ADD'L SUBR INBRD WVR	POLICY NUMBER	POLICY BFP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		4360824	8/1/2010	8/1/2011	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER					
	POLICY	PRO-JECT	LOC			
B	AUTOMOBILE LIABILITY		MA 3976516	8/1/2010	8/1/2011	COMBINED SINGLE LIMIT (Per accident) \$ 5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO		AOS 3976517	8/1/2010	8/1/2011	BODILY INJURY (Per person) \$
C	ALL OWNED AUTOS	SCHEDULED AUTOS	VA 3976518	8/1/2010	8/1/2011	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Self-Insur ed	<input checked="" type="checkbox"/> Physical Damage				\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		AOS 026149340	8/1/2010	8/1/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER
E	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER-MEMBER EXCLUDED?	Y/N	AOS 026149343	8/1/2010	8/1/2011	E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - SA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)  
See Attached for Additional Workers' Compensation Policies:

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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 

AGENCY CUSTOMER ID: 031419

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis of Maryland, Inc. POLICY NUMBER See First Page CARRIER See First Page	NAMED INSURED Ferguson Enterprises, Inc. and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602 NAIC CODE EFFECTIVE DATE: See First Page
ADDITIONAL REMARKS	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.  
 FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

WC Policy No. 026149340 (Front Page) - AK, AL, AZ, CO, DE, IA, ID, ME, MI, MN, MT, NH, NJ, NV, NY, RI, UT, VA, VT, WV

WC Policy No. 026149343 (Front Page) - AR, CT, DC, GA, HI, IL, IN, KS, KY, LA, MD, MO, MS, NC, NE, NM, OK, PA, SC, SD, TN

Workers' Compensation - CA  
 Policy No. 026149346  
 Carrier: Ins. Co. of the State of PA  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - FL  
 Policy No. 026149341  
 Carrier: New Hampshire Insurance Company  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - MA  
 Policy No. 026149342  
 Carrier: Ins. Co. of the State of PA  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - WI  
 Policy No. 026149345  
 Carrier: Illinois National Insurance Company  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - TX  
 Policy No. 026149339  
 Carrier: New Hampshire Insurance Company  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000

Workers' Compensation - OR  
 Policy No. 026149344  
 Carrier: Ins. Co. of the State of PA  
 Policy Period: 08/01/2010-2011  
 Statutory  
 Limits:  
 EL Each Accident \$2,000,000  
 EL Disease - Each Employee \$2,000,000  
 EL Disease - Policy Limit \$2,000,000