

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 Shepard Walton Insurance Group* 1906B E. Tyler P. O. Box 1830 Harlingen, TX 78551-1830 Josh Fields INSURED GBB Rentals, LP 5310 Barrett Road Harlingen, TX 78552	956-423-8755 956-428-0730	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: GBBRE-1	INSURER(S) AFFORDING COVERAGE INSURER A: State Auto Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
--	------------------------------	--	--	--------

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	INSURANCE	ADDITIONAL INSUR (W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY		PBP257333200	09/01/10	09/01/11	EACH OCCURRENCE	\$ 1,000,000
		COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
		GENL AGGREGATE LIMIT APPLIES PER POLICY					PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
		HIRED AUTOS						\$
		NON-OWNED AUTOS						\$
								\$
		UMBRELLA LIABILITY					EACH OCCURRENCE	\$
		EXCESS LIABILITY					AGGREGATE	\$
		DEDUCTIBLE						\$
		RETENTION						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/OFFICER/MEMBER/EXECUTIVE (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Buildings or Premises - Lessors Risk Only for locations at:
 301 South 8th Street Donna, TX
 417 South Oregon, Weslaco, TX
 313 East Business Hwy. Alamo, TX

CERTIFICATE HOLDER HIDCOPD County of Hidalgo Purchasing Department Margarita Gonzalez 100 E Cano, 5th Floor Edinburg, TX 78539	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 
---	--