



CERTIFICATE OF INSURANCE

EFFECTIVE DATE
OF CERTIFICATE
01/23/11

ALLSTATE COUNTY MUTUAL INSURANCE COMPANY
HOME OFFICE - IRVING, TEXAS 75063
hereby certifies that the following insurance is in force:

POLICYHOLDER	POLICY NUMBER	POLICY PERIOD
RODOLFO MOLINA DBA MILNET ARCHITECTURAL 608 S 12TH ST MCALLEN, TX 78501-4928	048849720 BAP	01/23/11 TO 01/23/12 AT 12:01 A.M. STANDARD TIME

The person or organization designated below is described in the policy as:

BANK OF AMERICA NA
(RETAIL/BOATS/RV)
P O BOX 2759
JACKSONVILLE, FL 32203-2759

- LIENHOLDER (Loss Payable Clause)
- ADDITIONAL INTERESTED PARTY
- ADDITIONAL INSURED
- CERTIFICATE HOLDER

Coverages designated are afforded as stated below:

LIABILITY: \$250,000 EACH PERSON, \$500,000 EACH ACCIDENT
 PROPERTY DAMAGE LIABILITY: \$100,000 EACH ACCIDENT

2005 FORD TRUCK F150 2WD 1FTRW12W75KE95340
 COLLISION - \$500 DEDUCTIBLE - - COMPREHENSIVE - \$500 DEDUCTIBLE

To the person or organization stated above:

This policy, as respects the interest of the loss payee, additional interested party, additional insured or certificate holder named herein, may be cancelled by the Company during the policy period by giving such person or organization 10 days, or whatever longer period of time prescribed by state law.

Proof of such mailing is deemed sufficient proof of such notice.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy referred to above.

BU1380
(05/06)

PAGE 1 OF 1



83 (Policy Provisions: WC 00 00 00 A)

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TQ INFORMATION PAGE

WBC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD FIRE INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number: 13269
Company Code: 1



02498
*1500201TQ14830101

POLICY NUMBER: 01 WBC TQ1483
Previous Policy Number: 01 WBC TQ1483

Suffix	
LARS	RENEWAL
	04

HOUSING CODE: DW
1. Named Insured and Mailing Address: RODOLFO MOLINA JR
(No., Street, Town, State, Zip Code)

(SEE ENDT)

FEIN Number: 742972666
608 S 12TH STREET
MCALLEN, TX 78501

State Identification Number(s):
UIN:

The Named Insured is: INDIVIDUAL
Business of Named Insured: ARCHITECTS
Other workplaces not shown above: 608 S 12TH STREET
MCALLEN TX 78501

2. Policy Period: From 01/16/11 To 01/16/12
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: NORTHEAST AGENCIES INC/PHS

301 WOODS PARK DRIVE
CLINTON, NY 13323
Producer's Code: 214608

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(866) 467-8730

Total Estimated Annual Premium: \$428
Deposit Premium:
Policy Minimum Premium: \$189 TX

Audit Period: ANNUAL
Installment Term:
The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Christine R. Gas*
Authorized Representative

11/06/10
Date

3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: TX (SP0).

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

Bodily injury by Accident	\$500,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$500,000	each employee

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 21C WC 00 04 22A WC 42 03 08 WC 99 03 65 WC 42 03 01F
WC 42 04 07

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.**

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 DRAFTING EMPLOYEES	107,500	.24	258
INCREASED LIMITS PART TWO (9807) 1.00 PERCENT			3
TOTAL PREMIUM SUBJECT TO PREMIUM INCENTIVE			261
SMALL EMPLOYER PREMIUM INCENTIVE - 9885			.850
PREMIUM ADJUSTED BY APPLICATION OF PREMIUM INCENTIVE			222
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			222
EXPENSE CONSTANT (0900)			180
TERRORISM (9740)	107,500	.024	26
TOTAL ESTIMATED ANNUAL PREMIUM			428

Total Estimated Annual Premium: \$428
Deposit Premium:
Policy Minimum Premium: \$189 TX

Interstate/Intrastate Identification Number: / 000000000

Labor Contractors Policy Number:
NAICS:
SIC: 8712
UIN:
NO. OF EMP: 000004

*1500201TQ14830101 02499

