

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2012

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).

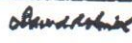
PRODUCER Smith-Reagan Insurance Agency P O Box 1009 148 N Sam Houston San Benito, TX 78586		CONTACT NAME: PHONE (A/C, No, Ext): 956.399.1353 FAX (A/C, No): 956.399.2185 E-MAIL ADDRESS:	
INSURED Herrera & Hunt, Inc. P.O. Box 49 Alamo, TX 78516		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	Essex Insurance Company
		INSURER B:	Hallmark Specialty Ins Co
		INSURER C:	Nautilus Insurance Co
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: Master GL, Auto, UM 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.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		3DK4450	10/10/2012	10/10/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TXH602293-01	10/10/2012	10/10/2013
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		AN008915	10/10/2012	10/10/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

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

CERTIFICATE HOLDER Hidalgo County 2802 S Business Hwy 281 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  David Smith/CL12



SPECIALTY INSURANCE MANAGERS, INC.
*Austin *Arlington *Granbury *Houston *Lubbock

Fax:(877) 399-2720 Ph:(800) 876-3278

Date: Oct 11, 2012 # of Pages: 1

To: SMITH -REAGAN & ASSOC, INC.; Attn: Zaldy Cantu
From: Marie Misfeldt

Re: HERRERA & HUNT, INC.

Bound Effective: 10/10/2012 Company: HALLMARK SPECIALTY INSURANCE COMPANY
Reference #: 3338846 POLICY NUMBER: TXH602293-01

Thanks for the order on the above account. We have bound coverage:

- As outlined in our quotation dated: 9/14/2012
- As outlined in the attachment dated:

In order to complete our underwriting file, we will need from you:

- | | |
|---|---|
| <input type="checkbox"/> Updated, completed and signed application | <input type="checkbox"/> Company form |
| <input type="checkbox"/> Insured's Signature(s): | <input type="checkbox"/> Acord |
| <input type="checkbox"/> Notice & fraud warning disclosure supplement | <input type="checkbox"/> Acord w/signature |
| <input type="checkbox"/> Personal Injury rejection | <input type="checkbox"/> Renewal Application |
| <input type="checkbox"/> UM/UIM rejection/selection | |
| <input type="checkbox"/> Proxy statement | <u>Auto Filing Needs:</u> |
| <input type="checkbox"/> Updated driver list | <input type="checkbox"/> TX DOT Motor Carrier App |
| <input type="checkbox"/> Hard copy prior carrier loss runs | <input type="checkbox"/> Check to TX DOT \$ |
| <input type="checkbox"/> Driver information on: | |
| <input type="checkbox"/> Picture(s) of Insured property | |
| <input type="checkbox"/> Signed exclusion/endorsement | |
| <input type="checkbox"/> Other: | |

PREMIUM: \$700.00
POLICY FEE: \$180.00
TRIA Premium:
TAX/STAMPING OFFICE FEE:\$43.21
TOTAL: \$923.21

A COPY OF ANY CERTIFICATES OF INSURANCE ISSUED BY YOUR OFFICE MUST BE PROVIDED TO SPECIALTY.

Give us a call if you have any questions regarding this binder.

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of 4.85 percent tax on gross premium.



SPECIALTY INSURANCE MANAGERS, INC.
 *Austin *Arlington *Granbury *Houston *Lubbock

Fax:877-399-2720 Ph:800-876-3278

Date: October 11, 2012

of Pages: 1

To: SMITH-REAGAN & ASSOC, INC.; Attn: JANIE GARCIA
 From: SANDI RICARD, CIC

Re: HERRERA & HUNT, INC.

Policy Number: AN008916

Reference #: 3340310

This shall serve as temporary confirmation of placement, and is subject to all terms/conditions of the actual policy. This binder will be terminated and superseded upon delivery of formal policy issued to replace it; and this binder expires, unless renewed, in 60 days from inception of the liability hereunder. We are not responsible for inaccuracies about which the insured does not notify us immediately.

Coverage Bound Effective: 10/10/2012 to 10/10/2013

Company: NAUTILUS INSURANCE COMPANY, Non-admitted in Texas

Coverage Terms/Conditions:

As outlined in our quotation dated: 10/4/2012

As outlined in the attachment dated:

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PREMIUM:	\$1,200.00
POLICY FEE:	\$175.00
TAX/STAMPING:	\$67.52
TOTAL:	\$1,442.52

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 226, Insurance Code; requires payment of 4.85 percent tax on gross premium.

Subject to: Please forward Five Year's Loss Runs for the General Liability/Auto Liability, I know we had it, however, I don't know how long your Insured has been in business?

Thank you for thinking of Specialty. We look forward to working with you on future business.

Regards,

SANDI RICARD, CIC
 Brokerage Assistant



SPECIALTY INSURANCE MANAGERS, INC.
 *Austin *Arlington *Granbury *Houston *Lubbock

Fax:877-399-2720 Ph:800-876-3278

Date: October 11, 2012

of Pages: 1

To: SMITH -REAGAN & ASSOC, INC.; Attn: JANIE GARCIA
 From: ANGIE CHURCHILL

Re: HERRERA & HUNT, INC.
 Policy Number: 3DK4460
 Reference #: 3339399

This shall serve as temporary confirmation of placement, and is subject to all terms/conditions of the actual policy. This binder will be terminated and superseded upon delivery of formal policy issued to replace it; and this binder expires, unless renewed, in 60 days from inception of the liability hereunder. We are not responsible for inaccuracies about which the insured does not notify us immediately.

Coverage Bound Effective: 10/10/2012 to 10/10/2013

Company: ESSEX INSURANCE COMPANY, Non-admitted in Texas

Coverage Terms/Conditions:

- As outlined in our quotation dated: 10/4/2012
 As outlined in the attachment dated:

A COPY OF ANY CERTIFICATES OF INSURANCE ISSUED BY YOUR OFFICE MUST BE PROVIDED TO SPECIALTY.

PREMIUM:	\$6,174.00
POLICY FEE:	\$350.00
TAX/STAMPING OFFICE FEE:	\$320.32
TOTAL:	\$6,844.32

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of 4.85 percent tax on gross premium.

Subject to:

Thank you for thinking of Specialty. We look forward to working with you on future business.

Regards,

ANGIE CHURCHILL
 General Lines Underwriter