

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

E-MAIL:

ADDRESS:

FAX

(A/C, No): 956.399.2185

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Essex Insurance Company

INSURER B: Hallmark Specialty Ins Co

INSURER C: Nautilus Insurance Co

INSURER D:

INSURER E:

INSURER F:

INSURED Herrera & Hunt, Inc.
P.O. Box 49
Alamo, TX 78516

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		3DK4450	10/10/2012	10/10/2013	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	☐ CLAIMS-MADE ☒ OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC					GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY		TXH602293-01	10/10/2012	10/10/2013	PRODUCTS - COMP/OP AGG \$ 1,000,000
	☐ ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ☒ NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
C	UMBRELLA LIAB	☐ OCCUR	AN008915	10/10/2012	10/10/2013	PROPERTY DAMAGE (Per accident) \$
	☒ EXCESS LIAB	☐ CLAIMS-MADE				EACH OCCURRENCE \$ 1,000,000
	DED	RETENTION \$				AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$ 0
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N	N/A				WC STATUTORY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County
2802 S Business Hwy 281
Edinburg, TX 78539

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

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: Zaldi 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:

☐ Updated, completed and signed application

☐ Insured's Signature(s):

☐ Notice & fraud warning disclosure supplement

☐ Personal Injury rejection

☐ UM/UIM rejection/selection

☐ Proxy statement

☐ Updated driver list

☐ Hard copy prior carrier loss runs

☐ Driver information on:

☐ Picture(s) of Insured property

☐ Signed exclusion/endorsement

☐ Other:

☐ Company form

☐ Acord

☐ Acord w/signature

☐ Renewal Application

Auto Filing Needs:
☐ TX DOT Motor Carrier App

☐ Check to TX DOT \$

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:**☒ [X] 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:	\$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:**

- ☒ [X] 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