



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2012

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 STATE FARM INSURANCE ROBERT R ELIZALDE 5107 S MCCOLL RD EDINBURG, TX 78539 | CONTACT NAME: Iliana Perez PHONE (A/C No. Ext): 956-683-9800 FAX (A/C No): 956-683-9810 E-MAIL ADDRESS: ILIANA@ROBERTELIZALDE.COM | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|--|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Mutual Automobile Insurance Company</td> <td>26178</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : State Farm Mutual Automobile Insurance Company | 26178 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A : State Farm Mutual Automobile Insurance Company | 26178 | | | | | | | | | | | | | |
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| INSURER D : | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | |
| INSURED RICK'S MOVING & STORAGE/RICARDO GARCIA 4005 W HIGHWAY 83 REAR MALLEN, TX 78501 | | | | | | | | | | | | | | |

| | | |
|------------------|----------------------------|-------------------------|
| 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 CERTIFICATION 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> Primary and Non-Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC. | | 90-B6-L649-4 | 09/27/2012 | 09/27/2013 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | 157 0604 199 7981 157 0607 | 10/22/2012 10/22/2012 10/22/2012 | 04/22/2013 04/22/2013 04/22/2013 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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)

PROJECT: MOVING SERVICES TO RELOCATE COUNTY DEPARTMENT

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| HIDALGO COUNTY 2802 HIGHWAY 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  |
|---|--|

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WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

6210 E Highway 290
Austin, Texas 78723-1098

INFORMATION PAGE

| | | |
|--------------------------|--|---|
| ITEM 1 | <p>RICK'S MOVING & STORAGE 4005 W HIGHWAY 83 MCALLEN, TX 78501-0000</p> | <p>POLICY NUMBER SBP-0001244758 20121110</p> <p>Federal Tax ID 74-2701612</p> <p>Bureau Number</p> <p>Branch AUSTIN</p> <p>Renewal of NEW</p> <p>Entity SOLE PROPRIETOR</p> <p>Interim Adjustment Group</p> |
| INSURED NAME AND ADDRESS | <p>OTHER WORKPLACES NOT SHOWN ABOVE: see attached schedule of operation.</p> | |
| PRODUCER 05 159 | <p>ROBERTO E ELIZALDE DBA: STATE FARM INSURANCE 5107 S MCCOLL RD EDINBURG, TX 78539-8278</p> | |

ITEM 2 **The Policy Period is from: 11-10-2012 To: 11-10-2013 12:01 A.M. standard time at the insured's mailing address**

ITEM 3

A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: **TEXAS**

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

| | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000 | Each Accident |
| Bodily Injury by Disease | \$ 1,000,000 | Each Employee |
| Bodily Injury by Disease | \$ 1,000,000 | Policy Limit |

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: **NONE**

D. This policy includes these endorsements and schedules:

See Schedule of Endorsements attached

ITEM 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.**

| | |
|--|--------------------|
| TOTAL ESTIMATED STANDARD PREMIUM | \$ 5,692.00 |
| WAIVER OF SUBROGATION | 114.00 |
| INCREASED EMPLOYERS LIABILITY LIMITS | 116.00 |
| TOTAL PREMIUM SUBJECT TO MODIFICATIONS | 5,922.00 |
| PREMIUM MODIFIED TO REFLECT EXPERIENCE MOD OF () | .00 |
| PREMIUM MODIFIED TO REFLECT SCHEDULE RATING OF (.87) | 770.00- |
| WORKERS' COMP HEALTH CARE NETWORK DISCOUNT (.12) | 618.00- |
| DEDUCTIBLE PREMIUM | .00 |
| ADMIRALTY/FELA OR L & H W | .00 |
| PREMIUM DISCOUNT, IF APPLICABLE () | .00 |
| EXPENSE CONSTANT CHARGE | 150.00 |
| TOTAL ESTIMATED ANNUAL PREMIUM | \$ 4,684.00 |
| MINIMUM PREMIUM | 250.00 |
| DEPOSIT PREMIUM | 703.00 |

Countersigned by *Ron Wright*

Issue Date: 11-09-2012

The Texas Mutual Insurance Company is required by law to provide its policyholders with certain accident prevention services as required by Texas Labor Code, §411.066, at no additional charge and return-to-work coordination services as required by Texas Labor Code §413.021. If you would like more information, call Texas Mutual Insurance Company's loss control division at 1-800-859-5995 for accident prevention services or 1-800-859-5995 for return-to-work coordination services. If you have any questions about this requirement, call the Texas Department of Insurance, Division of Workers' Compensation, Workplace Safety, at 1-800-687-7080.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact your agent.

You may call the Texas Mutual Insurance Company toll-free telephone number for information or to make a complaint at:

1-800-859-5995

You may also write to:

Texas Mutual Insurance Company
6210 E Highway 290
Attn: Information Services Center
Austin, Texas 78723-1098

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con su agente.

Usted puede llamar al numero de telefono gratis del Texas Mutual Insurance Company para informacion o para someter una queja al:

1-800-859-5995

Usted tambien puede escribir a:

Texas Mutual Insurance Company
6210 E Highway 290
Attn: Information Services Center
Austin, Texas 78723-1098

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

SCHEDULE OF OPERATIONS

PAGE 2

EXTENSION OF INFORMATION PAGE

NAME AND ADDRESS OF INSURED
RICK'S MOVING & STORAGE
4005 W HIGHWAY 83
MCALLEN, TX 78501-0000

POLICY NUMBER
SBP-0001244758 20121110
ISSUE DATE
11-09-2012

ITEM 4 ** SCHEDULE OF OPERATIONS **
LOCATION INFORMATION

Table with 7 columns: ST, LOC, CODE#, CLASSIFICATION, PREMIUM BASIS: TOTAL ESTIMATED ANNUAL REMUNERATION, RATE PER \$100 OF REMUNERATION, ESTIMATED ANNUAL PREMIUM. Row 1: 42 00001 8293 FURNITURE MOVING & STORAGE, DRIVERS 31,000.00 18.36 5,692.00. Row 2: Total Estimated Standard Premium 5,692.00

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on at 12:01 A.M. standard time, forms a part of

Policy No. SBP-0001244758 20121110 of the Texas Mutual Insurance Company

Issued to RICK'S MOVING & STORAGE

Endorsement No.

Premium \$

Handwritten signature of Ron Wright

Authorized Representative

WC000001A (ED. 7-11)

AGENT'S COPY

QUSER

11-09-2012



**WORKERS' COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE POLICY**

SCHEDULE OF OPERATIONS - STATE

PAGE 3

EXTENSION OF INFORMATION PAGE

NAME AND ADDRESS OF INSURED
RICK'S MOVING & STORAGE
4005 W HIGHWAY 83
MCALLEN, TX 78501-0000

POLICY NUMBER
SBP-0001244758 20121110

ISSUE DATE
11-09-2012

ITEM 4 ** SCHEDULE OF OPERATIONS **
STATE INFORMATION

| ST | CODE # | DESCRIPTION | RATE | PREMIUM ADJUSTMENTS |
|--------------------------------|--------|---------------------------------|------|------------------------|
| 42 | 9812 | INCREASED LIMITS 1000/1000/1000 | .02 | 116.00 |
| 42 | 0930 | WAIVER OF SUBROGATION | .02 | 114.00 |
| 42 | 9887 | SCHEDULE RATE MODIFIER | .87 | 770.00- |
| 42 | 9874 | HEALTH CARE NETWORK DISCOUNT | .12 | 618.00- |
| 42 | 0900 | EXPENSE CONSTANT | | 150.00 |
| Total Premium Adjustments | | | | 1,008.00- |
| Total Estimated Annual Premium | | | | 4,684.00 |

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
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