



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/03/2013

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).

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| PRODUCER JUAN J RODRIGUEZ INSURANCE AGENCY 1025 N TEXAS BLVD STE 21 J WESLACO, TEXAS 78596 | CONTACT NAME: JUAN J RODRIGUEZ |
| | PHONE (A/C, No, Ext): 956-969-0911 FAX (A/C, No): 956-969-0933 |
| | E-MAIL ADDRESS: JRODRIGUEZ5@FARMERSAGENT.COM |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A : PREFERRED CONTRACTORS INSURANCE CO. |
| | INSURER B : FARMERS TEXAS COUNTY MUTUAL |
| | INSURER C : TEXAS MUTUAL INSURANCE COMPANY |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

INSURED: CASTLE ENTERPRISES, LLC
2210 MARROW RD
MONTE ALTO, TEXAS 78538

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 OF INSURANCE | ADDL SUBR | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-------------------------------------|-----------------|------------------------|-------------------------|-------------------------|---|--------------|
| | | INSR | WVD | | | | | |
| A | GENERAL LIABILITY | | | PC84247 | 07/16/2012 | 07/16/2013 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | <input type="checkbox"/> 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 |
| | | | | | | | PRODUCTS - COM/OP AGG | \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | | 605042303 | 09/03/2012 | 09/22/2013 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input checked="" type="checkbox"/> | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | SBP-000122891720110922 | 08/28/2012 | 08/28/2013 | WC STATUTORY LIMITS | OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | Y | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 2013 FORD FUSION SE 3FA6P0HRXDR234683
 2013 FORD F150 1FTFW1CF0DFA21609
 2013 FORD ESCAPE SE 1FMCU0GX4DUC54261

CERTIFICATE HOLDER CANCELLATION

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| HIDALGO URBAN COUNTY PROGRAM 3304 W ALBETA RD 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 |