



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2013

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).

PRODUCER Joe N. Pratt Insurance P.O. Box 3708 Victoria TX 77903	"AMENDED"	CONTACT NAME: Jeff Pratt	
		PHONE (A/C, No., Ext): (361) 576-2186 FAX (A/C, No.): (361) 573-6281	
		E-MAIL ADDRESS: jeff@jpratins.com	
		PRODUCER CUSTOMER ID #: 14381	
INSURED Valley Bottle Water, LLC 1401 S. Padre Island Dr. Corpus Christi TX 78416-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Auto Mutual Insurance (A+)		25135
	INSURER B: Texas Mutual Insurance Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab		PBP2518473-05	04/01/2013	04/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Contractual Liab		BAP2249782 04	04/01/2013	04/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		PBP2518473-05	04/01/2013	04/01/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		TSF-0001142873-2013	04/01/2013	04/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 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)

SEE "ADDITIONAL REMARKS SCHEDULE" ATTACHED

CERTIFICATE HOLDER

CANCELLATION

AI 009958

COUNTY OF HIDALGO PURCHASING DEPT 2812 S. BUSINESS HWY 83 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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ADDITIONAL REMARKS SCHEDULE

AGENCY Joe N. Pratt Insurance		NAMED INSURED THE ONETA COMPANY, INC. ETAL 1401 S. Padre Island Drive Corpus Christi TX 78416-	
POLICY NUMBER PBP2518473-02		EFFECTIVE DATE: 04/01/2013	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

TO CERTIFICATE HOLDER:

Our agency has issued the enclosed certificate of insurance on behalf of our customer named as the insured in the certificate. We want to share with you some important information regarding certificates of insurance.

The Texas Legislature passed and Governor Perry signed Senate Bill 425 to become effective January 1, 2012. This law will require certificate of insurance forms to be filed with and approved by the Texas Department of Insurance before they can be used after the effective date of the law. In addition, the law codifies current Texas Department of Insurance rules that a certificate of insurance must not obscure or misrepresent the coverage provided by the insurance policies.

ENDORSEMENTS ATTACHED:

AUTOMATIC ADDITIONAL INSURED INCLUDING PRIMARY & NON-CONTRIBUTORY END'T #SL1024(01/08) ATTACHED TO THE GENERAL LIABILITY

BLANKET ADDITIONAL INSURED-VENDORS END'T #CG2015(07/04) ATTACHED TO THE GENERAL LIABILITY

BLANKET WAIVER OF SUBROGATION END'T #CG2404(10/93) ATTACHED TO THE GENERAL LIABILITY

30 DAY NOTICE OF CANCELLATION END'T #CG0205(12/04) ATTACHED TO THE GENERAL LIABILITY

AUTOMATIC ADDITIONAL INSURED END'T #SA3002(06/08) ATTACHED TO THE BUSINESS AUTO

AUTOMATIC WAIVER OF SUBROGATION END'T #SA3002(06/08) ATTACHED TO THE BUSINESS AUTO

30 DAY NOTICE OF CANCELLATION END'T #CA0244(06/04) ATTACHED TO THE BUSINESS AUTO

BLANKET WAIVER OF SUBROGATION END'T #WC420304A(01/2000) ATTACHED TO THE WORKERS COMPENSATION

30 DAY NOTICE OF CANCELLATION END'T #WC420601(01/94) ATTACHED TO THE WORKERS COMPENSATION