



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2017

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 have ADDITIONAL INSURED provisions or 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 Wortham San Antonio, Inc. 131 Interpark Blvd. San Antonio, TX 78216 www.worthaminsurance.com	CONTACT NAME: Jennifer Hicks PHONE (A/C. No. Ext): 210-249-2363 E-MAIL ADDRESS: jennifer.hicks@worthaminsurance.com	FAX (A/C. No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Holt Texas Ltd. 5665 Southeast Loop 410 San Antonio TX 78222	INSURER A: National Union Fire Ins Co Pittsburgh PA		19445
	INSURER B: Commerce and Industry Insurance Company		19410
	INSURER C: The Insurance Company of the State of Pennsylvania		19429
	INSURER D: Chubb Custom Insurance Company		38989
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 34710630

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GL5180137	3/1/2017	3/1/2018	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> GKLL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CA2961564	3/1/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							GKLL-All Locations	\$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28189094	3/1/2017	3/1/2018	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC080756327	3/1/2017	3/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Contractors Pollution Liability Occurrence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37310530	4/1/2015	3/1/2018	\$10,000,000 Each Pollution Incident \$10,000,000 Aggregate Limit	

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

CERTIFICATE HOLDER

Hidalgo County
 Attn: Purchasing Department
 2812 S. Highway Bus. 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

John L. Wortham & Son, L.P.

John L. Wortham & Son, L.P.

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Wortham San Antonio, Inc.		NAMED INSURED Holt Texas Ltd. 5665 Southeast Loop 410 San Antonio TX 78222	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Hidalgo County Attn: Purchasing Department

ADDRESS: 2812 S. Highway Bus. 281 Edinburg TX 78539

NAMED INSURED INCLUDES:

- Holt Texas, Ltd. dba Holt CAT
- Holt Texas, Ltd. dba Holt AgriBusiness
- Holt Texas, Ltd. dba Holt Crane & Equipment
- Holt Texas, Ltd. dba Holt Mining Solutions
- Holt Texas, Ltd. dba Holt Power Systems
- Holt Texas, Ltd. dba SITECH-Tejas
- Holt Texas, Ltd. dba Holt Truck Center
- Texas First Rentals LLC

AS RESPECTS GENERAL LIABILITY:

Additional Insured-Owners, Lessees, or Contractors-Scheduled Person or Organization (Ongoing Operations) - Per Form 97838 04/08 - Schedule: "As Required by Contract"
 Additional Insured-Owners, Lessees, or Contractors (Completed Operations): Per Form 97837 04/08 - Schedule: "As Required by Contract"
 Additional Insured- Lessor of Leased Equipment: Per Form CG 20 34 04 13
 Additional Insured - Managers or Lessors of Premises: Per Form CG 20 11 04 13

Waiver of Subrogation: Per Form CG 24 04 05/09

Notice of Cancellation: Per Form 107414 03/11 -Number of Days: 30

Primary and Non-Contributory: Per Form CG 20 01 04/13

AS RESPECTS COMMERCIAL AUTOMOBILE LIABILITY:

Additional Insured and Loss Payee-Lessor: Per Form CA 20 01 10/13
 Additional Insured Where Required Under Contract or Agreement: Per Form 87950 09/14

Primary - Insurance Primary as to certain Additional Insureds - Per Form 74445 10/99

Waiver of Subrogation: Per Form 62897 6/95

Notice of Cancellation: Per Form 107414 03/11 -Number of Days: 30

AS RESPECTS WORKERS' COMPENSATION:

Waiver of Subrogation: Per Form WC 00 03 13 04/84

Alternate Employer Endorsement: Per Form WC 00 03 01 04/84 - Schedule: "Any Alternate Employer of your employees".

Notice of Cancellation: Per Form 99 00 58 04/11 -Number of Days: 30

USL&H Coverage Endorsement: Per Form WC 00 01 06 A

Maritime Coverage Endorsement: Per Form WC 00 02 01 B



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POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

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ADDRESS: 2812 S. Highway Bus. 281 Edinburg TX 78539

Outer Continental Shelf Lands Act Coverage Endorsement: Per Form WC 00 01 09 C

AS RESPECTS UMBRELLA LIABILITY:

Additional Insured: Per Form 80517 11/09

Insured means: Any person or organization, other than the Named Insured, included as an additional insured under Scheduled Underlying Insurance, but not for broader coverage than would be afforded by such Scheduled Underlying Insurance.

Primary and Non-Contributory: Per Form 86395 12/13 Coverage afforded to these additional insured parties, when required by written contract, will be primary to, and non-contributory with, any Other Insurance purchased and issued to that person or organization.

Waiver of Subrogation: Per Form 80517 11/09

AS RESPECTS PRIMARY COMMERCIAL CRIME INSURANCE:

Policy Number: B0180PE1700983

Policy Period: March 1, 2017 to March 1, 2018

Insurer: 50% Lloyd's Syndicate 1886 QBE / 50% Lloyd's Syndicate 2003 XLC

Limits:

\$1,000,000 Employee Dishonesty Each Claim/Aggregate

\$1,000,000 Client's Property Each Claim/Aggregate

AS RESPECTS SHIP REPAIRERS LEGAL LIABILITY:

Policy Number: MASILHS00100817

Policy Period: March 1, 2017 to March 1, 2018

Insurer: Starr Indemnity & Liability Company

Limits:

\$2,000,000 General Aggregate

\$1,000,000 Products/Completed Operations Aggregate

\$1,000,000 Any One Accident or Occurrence
