

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2015

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

| Datio & Catto LLP 217 East House of St. Ste #100 San Antonio TX 78205-1801  ADMITSS, Plank Gatto Com NSUBERS, Plank Gatto                                                                                        |                                                     | e terms and conditions of the policy,<br>rtificate holder in lieu of such endors                          |        |              |                                                                        |                                                                                                                                                                                           |                                           | tement on th             | S CERTIFICATE GOES NOT C                                            | onter              | rights to the |  |
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| A ALTOMORCIAL GENERAL LIABILITY  A MICHAEL STATE OF SIGNAL ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A ALTOMORCIAL GENERAL LIABILITY  A MICHAEL AGREGATE LIMIT APPLES PER:  CAMISHAGE A COMPANDA OF THE ABOVE DESCRIBED LETTER DESCRIBED SERVED.  B WORKERS CHARGE A COMPANDA OF SIGNAL ADDITIONS OF SIGNAL ADDITION                                                                                        | PRODUCER                                            |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | CONTACT Janet Hajek                       |                          |                                                                     |                    |               |  |
| EMAIL AND HOUSEN TO TREE DOUBLES OF THE POLICIES OF THE POLICIES OF THE POLICY POLICY PORT OF THE POLICY PORT OF THE POLICY POLI                                                                                        | Catto & Catto LLP<br>217 East Houston St., Ste #100 |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | PHONE 240 222 2464 FAX 210 222 1619       |                          |                                                                     |                    |               |  |
| INSURER A, CIOCIDATE INSURED CRAFC-2 INSURER D. INSURER                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| INSURER A : Cincinnati Insurance Companies   1067   INSURER A : Cincinnati Insurance Companies   1067   INSURER A : CINCINNATION   2294   INSURER A : CINCINNATION   2394   INSU                                                                                        | san                                                 | Antonio 1X /8205-1801                                                                                     |        |              |                                                                        | ADDRES                                                                                                                                                                                    |                                           |                          |                                                                     |                    |               |  |
| INSURED CRAFC-2  INSURED C.  IDS TOWER Drive  Ban Antonio TX 78232  INSURED C.                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     | _                  | NAIC#         |  |
| DESCRIPTION OF PREAD OF PROPERTY   DESCRIPTION OF PROPERTY   DESCRIPTION OF SUCH POLICIES   DELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PROPERTY TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE ROUGHES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE ROUGHES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICY OR OTHER POLICY TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXT.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  A COMMENCATION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  BACH OCCURRENCE STICKING SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  BACH OCCURRENCE STICKING SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  BACH OCCURRENCE STICKING SHOWN MAY HAVE BEEN REQUED BY PADIC LAMBS.  BACH OCCURRENCE STICKING SHOWN MAY HAVE BEEN REQUED BY THE POLICIES BECAUSE BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY SHOULD ANY OF THE ABOVE DESCRI                                                                                          |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| INSURER DESIGNATION   INSURER P.   INSURED NAMED ABOVE POR THE POLICY P. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO AHLT HE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBEREN IS SUBJECT TO AHLT HE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBER POLICIES. INSURED TO AHLT HE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE DOLLAMS.   INSURER P.   INSURER P                                                                                          | INSURED CRAFC-2                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | INSURER B: Texas Mutual Insurance Company |                          |                                                                     |                    | 22945         |  |
| San Antonio TX 78232    Susper R :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | INSURER C:                                |                          |                                                                     |                    |               |  |
| INSURER E: INSURE DAY INSURED NAMED AND EXPENDING THE POLICY POLICY PARTY INSURED NAMED AND EXPEND THE POLICY PARTY INSURED NAMED AND EXPEND                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | INSURER D :                               |                          |                                                                     |                    |               |  |
| COVERAGES  CERTIFICATE NUMBER: 458213504  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           | INSURER E :                               |                          |                                                                     |                    |               |  |
| CERTIFICATE NUMBER: 4582/3504 THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INADIA BOOK INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INADIA BOOK INTO THE POLICY POLICY INDICATED. MOTHER POLICIES INSURANCE AFFORDED BY THE POLICY OR OTHER POLICY POLICY INDICATED. MOTHER POLICY POLICY OF THE POLICY POLICY OF THE POLICY POLICY OF THE POLICY POLICY OF THE POLICY POLI                                                                                        |                                                     |                                                                                                           |        |              |                                                                        | 441111111111111111111111111111111111111                                                                                                                                                   |                                           |                          |                                                                     |                    |               |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXPLOSITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  ***TOPIC OF INSURANCE***  A X COMMERCIAL GENERAL LABILITY  CLAMS-MADE X OCCUR***  CENTLAGGREGATE LIMIT APPLIES PER:  POLICY OTHER:  A AUTOMOBILE LIABILITY  X ANY AUTO  CHERT AGGREGATE LIMIT APPLIES PER:  POLICY OTHER:  A HITCHOOL OF SCHEDULED AUTOMOBILE LIMITY  X HIRCH AUTOMOBILE LIABILITY  X HIRCH AUTOMOBILE LI                                                                                        | 00/FD10F0 45004250                                  |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| A   X   COMMERCIAL GENERAL LIABILITY   CALIMS-MADE   X   OCCUR   CALIMS-MADE   X   OCCUR   CALIMS-MADE   X   OCCUR   CALIMS-MADE   X   OCCUR   PRODUCT   P                                                                                          | TH<br>IN<br>CE                                      | IIS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY | OF IN  | NSUR<br>EMEI | RANCE LISTED BELOW HA<br>NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF ANY                                                                                                                                                                                    | CONTRACT                                  | THE INSURE<br>OR OTHER I | D NAMED ABOVE FOR T<br>DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T | CT TO              | WHICH THIS    |  |
| A   X   COMMERCIAL CARREAL LIABILITY   CALIMS-MADE   X   OCCUR   CALIMS-MADE   CALIMS-MA                                                                                          | VSR                                                 | TYPE OF INSURANCE                                                                                         | ADDL   | SUBR         | POLICY NUMBER                                                          |                                                                                                                                                                                           | POLICY EFF                                | POLICY EXP               | LIMI                                                                | TS                 |               |  |
| CERTIFICATE HOLDER  CIAIMS-MADE X OCCUR  CIAMS-MADE X OCCUR  CIAMS-MADE X OCCUR  CIAMS-MADE X OCCUR  CENT AGGREGATE LIMIT APPLIES PER:  POLICY   PRC   LOC    OTHER:  A AUTOMOBILE LIABILITY  X   ANY AUTO  ALL OWNED   SCHEDULED   AUTOS   AUTOS    X   HIRED AUTOS   AUTOS   AUTOS    X   AUTOMOBILE LIABILITY   EBA0015573   3/31/2015   3/31/2016   EACH OCCURRENCE    EXCESS LIAB   CLAIMS-MADE   EPP0015573   3/31/2015   3/31/2016   EACH OCCURRENCE    EXCESS LIAB   CLAIMS-MADE   EPP0015573   3/31/2016   AUTOS   AUTOS    EXCESS LIAB   CLAIMS-MADE   EPP0015573   3/31/2016   AUTOS    EX   FET   EACH ACCIDENT   AUTOS   AUTOS    EL BA0015573   3/31/2016   AUTOS   AUTOS    EL BA0015573   3/31/2016   AUTOS    EL BA0015573   AUTOS   AUTOS    EL BA00                                                                                        |                                                     |                                                                                                           | IIVaD  | AAAD         |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    | 0.000         |  |
| MEDEXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 OFERSONAL & ADVISOR \$1,000,000 OFERSONAL & ADVISOR \$1,000,000 OFERSONAL & ADVISOR \$1,000,000 OFERSONAL & ADVISOR \$1,000,000 OFERSONAL \$1,000,000 OFERSONAL & ADVISOR \$1,000,000 OFERSONAL \$1,000,000 OFE |                                                     |                                                                                                           |        |              |                                                                        | Ĭ,                                                                                                                                                                                        | 5/3 1/2013                                | 5/5 1/25 10              | DAMAGE TO RENTED                                                    |                    |               |  |
| GENTLAGGREGATE LIMIT APPLIES PER: POLICY SET LOC OTHER:  A AUTOMOBILE LIABILITY X ANY AUTO ALLOWNED AUTOS X AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS  A UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION'S  B WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETCR/PARTNER/EXECUTIVE OFFICE/RIMINERS EXCLUSIVE (LIABILITY)                                                                                         | -                                                   | CLAIMS-MADE X OCCUR                                                                                       |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     | 20 900011217027    |               |  |
| GENERAL AGGREGATE LIMIT APPLIES PER:  POLICY FED LOC OTHER:  A AUTOMOBILE LIABILITY X ANY AUTO ALL OWNIED AUTOS X HIRED AUTOS X HIRED AUTOS X HONDOWNED AUTO                                                                                        | 5                                                   |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| POLICY PRO THER LABILITY  A AUTOMOBILE LIABILITY  X ANY JUTO ALLOWAGE AUTOS X HIRED AU                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| A AUTOMOBILE LIABILITY X ANY AUTO ALLOWAGED X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | GENERAL AGGREGATE                                                   | \$2,000            | 0,000         |  |
| A AUTOMOBILE LIABILITY  X ANY AUTO  ALLOWNED  ALLOWNED  AUTOS  X HIRED AUTOS  X UMBRELLA LIAB  X OCCUR  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION S  BOOLY INJURY (Per person) S  CLAIMS-MADE  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION S  BOOLY INJURY (Per person) S  SCHEGULED  AUTOS  S  S  EPP0015573  3/31/2015  3/31/2016  EACH OCCURRENCE \$1,000,000  AGGREGATE \$1,000,000  AGGREGATE \$1,000,000  AGGREGATE \$1,000,000  AGGREGATE \$1,000,000  EL DISEASE - AEMPLOYEE \$1,000,000  EL DISEASE - POLICY LIMIT \$1,000,000  EL DISEASE - POLICY LIMIT \$1,000,000  EL DISEASE - POLICY LIMIT \$1,000,000  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  EE Williamson County Rubber Asphalt Crack Sealer  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ì                                                   | POLICY PRO- LOC                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | PRODUCTS - COMP/OP AGG                                              |                    | 0,000         |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  BODILY INJURY (Per person) \$  BODILY INJURY (PERSUPER) \$  BODILY INJURY (PERSUPER) \$  BODILY INJURY (PERSUPER) \$  BODIL                     |                                                     | OTHER:                                                                                                    |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| ALLOWNED AUTOS  X HIREO AUTOS  X HIREO AUTOS  X HIREO AUTOS  X UMBRELLA LIAB  X CCUR EXCESS LIAB  DED RETENTIONS  B WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND AUTOS  B WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND EMPLOYERS LIABILITY OFFICENMENDER AUTOS  TSF0001115377  3/31/2015  3/31/2016  X PER 1000,000  AGGREGATE  \$1,000,000  AGGREGATE  \$1,000,000  EL DISEASE - EA EMPLOYEE \$1,000,000  EL DISEASE - POLICY LIMIT \$1,000,000  ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  ESCRIPTICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Α                                                   | AUTOMOBILE LIABILITY                                                                                      |        |              | EBA0015573                                                             |                                                                                                                                                                                           | 3/31/2015                                 | 3/31/2016                | (Ea accident)                                                       | \$                 |               |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OF DESCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  3/31/2015  3/31/2015  3/31/2016  EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 AGGREGATE \$1,000,000  EL LISEASE - FA EMPLOYEE \$1,000,000 EL LISEASE - FA EMPLOYEE \$1,000,000 EL LISEASE - FA EMPLOYEE \$1,000,000 COMPD DED COIL DE                                                                                 |                                                     | X ANY AUTO                                                                                                |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | BODILY INJURY (Per person)                                          | RY (Per person) \$ |               |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE D'IN N/A AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE D'IN N/A Physical Damage  EBA0015573  3/31/2015  3/31/2016  EL DISEASE - FA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EXECUTIVE OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     | ALL OWNED SCHEDULED                                                                                       |        |              |                                                                        |                                                                                                                                                                                           |                                           | 1                        | BODILY INJURY (Per accident)                                        | t) \$              |               |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  B WORKERS COMPENSATION AND EMPLOYERS "LABILITY ANY PROPERTIONS PETCHICUS" N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  3/31/2015  3/31/2016  EACH OCCURRENCE \$1,000,000  AGGREGATE \$1,000,000  S PETENTION S STATILITE OTH- EL LEACH ACCIDENT \$1,000,000  EL DISEASE - EA EMPLOYEE \$1,000,000  EL DISEASE - EA EMPLOYEE \$1,000,000  EL DISEASE - POLICY LIMIT \$1,000,000  Coll, Ded \$00.  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remerks Schedule, may be attached if more space is required)  EXECUTIVE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     | X HIBED ALITOS X NON-OWNED                                                                                |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | PROPERTY DAMAGE                                                     | \$                 |               |  |
| A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTINER/EXECUTIVE IN 1/4 AND PROPRIETOR I                                                                                       |                                                     | A AUTOS                                                                                                   |        | - 4          |                                                                        |                                                                                                                                                                                           |                                           |                          | (Per accident)                                                      | s                  |               |  |
| EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PRATIONS LIABILITY ANY PROPRIETOR/PRATIONS Delow  AND EMPLOYERS LIABILITY ANY PROPRIETOR/PRATIONS Delow  TSF0001115377  J3/31/2015  J3/31/2016  X PER STATUTE OF H- E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,                                         | •                                                   | Y IMPREMATION IV                                                                                          | -      | -            | EDD0045573                                                             |                                                                                                                                                                                           | 2/21/2015                                 | 3/31/2016                |                                                                     | 01.000             | 0.000         |  |
| B WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PAST LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | - OCCOR                                                                                                   |        | - 4          | EFF0015573                                                             | Ī                                                                                                                                                                                         | 3/3 //2010                                | 5/5 1/2010               |                                                                     | 1                  |               |  |
| B WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETORI/PARTNER(PECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  3/31/2015  3/31/2016  Comp Ded Coll. Ded  ECUDISEASE - POLICY LIMIT \$1,000,000 Coll. Ded  EDESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  EXECUTIVE OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     | EXCESS LIAB CLAIMS-MADE                                                                                   |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | AGGREGATE                                                           |                    | 0,000         |  |
| AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  ELL, DISEASE - EA EMPLOYEE \$1,000,000 ELL, DISEASE - POLICY LIMIT \$1,000,000 ELL, DISEASE - POLI                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | THEN LOTH                                                           | \$                 |               |  |
| ANY PROPRIETOR/PARTHERIZEX ECUTIVE OFFICER/MEMBER & EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  BEBA0015573  BEBA001                                                                                        |                                                     | AND ENDLOYEDGU IADU ITY                                                                                   | N/A    |              | TSF0001115377                                                          | 3/-                                                                                                                                                                                       | 3/31/2015                                 | 3/31/2016                | X STATUTE ER                                                        |                    |               |  |
| Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  BEBA0015573  BEBA001573  BEBA0015573  BEBA0015573  BEBA0015573  BEBA0015573  BEBA001574  BEBA0015573  BEBA0015573  BEBA001574  BEB                                                                                        |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | E.L. EACH ACCIDENT                                                  | \$1,000            | 0,000         |  |
| DÉSCRIPTION OF OPERATIONS below  A Physical Damage  EBA0015573  BEBA0015573  BEBA001574  BEBA0015573  BEBA0015573  BEBA001574  BEBA001574  BEBA001574  BEBA001574  BEBA001574  BEBA001574  BEBA001574  BEBA001574  BEB                                                                                        |                                                     | (Mandatory In NH)                                                                                         | "'^    |              |                                                                        |                                                                                                                                                                                           |                                           |                          | E.L. DISEASE - EA EMPLOYER                                          | \$1,00             | 0,000         |  |
| Physical Damage  EBA0015573  3/31/2015  3/31/2016  Comp Ded Coll. Ded 500.  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION COUNTY Rubber Asphalt Crack Sealer  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     | If yes, describe under                                                                                    |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | E.L. DISEASE - POLICY LIMIT                                         | \$1,00             | 0,000         |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATION / LOCATIONS / LOCATIO                                                                                        | A                                                   |                                                                                                           |        |              | EBA0015573                                                             |                                                                                                                                                                                           | 3/31/2015                                 | 3/31/2016                | Comp Ded                                                            |                    |               |  |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | ,                                                                                                         |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          | Coll. Ded                                                           | 500.               |               |  |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | 8                                                                                                         |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | PRINTION OF OPERATIONS / LOCATIONS / VEHIC                                                                | LEC (A | CORR         | 404 Additional Demarks Cabada                                          | ula may b                                                                                                                                                                                 | a attached if mo                          | re enace la reguli       | (her                                                                |                    |               |  |
| CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |                                                                                                           |        |              |                                                                        | ute, may b                                                                                                                                                                                | e attached ii mo                          | ne space is requi        | eu)                                                                 |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e:                                                  | Williamson County Rubber Asphalt                                                                          | Crac   | k Se         | ealer                                                                  |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | `E'                                                 | TIEICATE HOLDER                                                                                           | _      | _            |                                                                        | CANCELLATION                                                                                                                                                                              |                                           |                          |                                                                     |                    |               |  |
| 901 S. Austin Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Williamson County Purchasing Dept.                  |                                                                                                           |        |              |                                                                        | 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 |                                           |                          |                                                                     |                    |               |  |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |
| AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                                                                                                           |        |              |                                                                        |                                                                                                                                                                                           |                                           |                          |                                                                     |                    |               |  |