

CERTIFICATE OF LIABILITY INSURANCE

CASTL-5 OP ID: WC

DATE (MM/DD/YYYY)

07/02/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

ti C	ne ter ertific	ms and conditions of the policy, certa cate holder in lieu of such endorseme	ain p nt(s)	oolicies may require an er I.	ndorse	ment. A stat	ement on th	is certificate does not c	onfer r	ights to the	
PRODUCER Phone: 979-776-2626 Anco Insurance B/CS P. O. Box 3889 Fax: 979-774-5372					CONTACT NAME:						
					PHONE (A/C, No, Ext): (A/C, No):						
Bryan, TX 77805						(A/C, NO). E-MAIL ADDRESS:					
Adrian G. McDonaid, Jr.					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : Mid-Continent Casualty Co.				NAIO#		
						INSURER B : Ian H. Graham, Inc.					
		Sandie Miller	10			RC: Chubb		······································			
		P.O. Box 9748					Group - rio	uston			
		College Station, TX 77840				RD:	***************************************				
						INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURER F:						
in the constraint of the		TO CERTIFY THAT THE POLICIES OF II			VE BEE	N ISSUED TO	THE INCLIDE	REVISION NUMBER:	UE DOI	ICV DEDIOD	
II C	IDICA ERTII XCLU	TED. NOTWITHSTANDING ANY REQUIR FICATE MAY BE ISSUED OR MAY PERT SIONS AND CONDITIONS OF SUCH POLIC TYPE OF INSURANCE ADDL INSR	EME AIN, CIES. SUBR	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	O ALL	WHICH THIS	
		ERAL LIABILITY	MAND	TOUR NOMED IN		(MINIDOLLI LI)	(WW/DD/1111)		\$	1,000,000	
Α	Х	COMMERCIAL GENERAL LIABILITY	o	04GL000829331		08/27/2012	08/27/2013	DAMAGE TO RENTED	<u> </u>	100,000	
		CLAIMS-MADE X OCCUR				00/11/11/11/11	00,21,2010	PREMISES (Ea occurrence)	\$	Excluded	
	X	D&O liability		0250531645		02/20/2012	02/20/2013	MED EXP (Any one person)	\$	1,000,000	
	-	\$1M	0230331043			UZIZUIZUIZ		PERSONAL & ADV INJURY	\$	2,000,000	
	-	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	GEN	PRO.						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUT	POLICY JECT LOC OMOBILE LIABILITY				***************************************		COMBINED SINGLE LIMIT	2		
	-							(Ea accident)	\$		
	\vdash	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$		
		AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE			
		HIRED AUTOS AUTOS						(Per accident)	\$		
	+					**************************************	***************************************		\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	·····	
	MOE	DED RETENTION \$ RKERS COMPENSATION							\$	erkele en er ek en kommune erkele kommune er ek en kommune er ek en kommune er ek en kommune er er ek en kommu	
	AND	EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER			
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	(Mar	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	s, describe under CRIPTION OF OPERATIONS below					***************************************	E.L. DISEASE - POLICY LIMIT	\$		
С				06635240		09/26/2013	09/26/2014	Property		217,000	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach	 ACORD 101, Additional Remarks S	Schedule,	if more space is	required)				
CERTIFICATE HOLDER						CANCELLATION					
SAMPLE					THE	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						