

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2014

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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| PRODUCER | | CONTACT Alisha Ayo | | | | |
| Bailey Insurance & Ris | k Management | PHONE (A/C, No. Ext): (254)753-5317 | FAX (A/C, No): (254)7 | 53-1132 | | |
| 1201 Washington Ave. | | E-MAIL ADDRESS: alisha@baileyinsurance.com | | | | |
| P.O. Box 298 | | INSURER(S) AFFORDING COVERAGE | <u> </u> | NAIC # | | |
| Waco T2 | 76701 | INSURER A First Mercury Insurance | e Company | | | |
| INSURED | | INSURER B Hallmark Specialty Ins | urance | | | |
| ABP Development, LLC | | INSURER C: RSUI Indemnity Company | 7 | | | |
| Form Studios, Inc | | INSURER D: Texas Mutual Insurance | Company | 22945 | | |
| 300 Burnett Street; St | e 120 | INSURER E : | | | | |
| Fort Worth TX | 76102 | INSURER F: | | | | |
| COVERAGES | CERTIFICATE NUMBER:2014 Mast | er REVISION N | JMBER: | · | | |

COVERAGES CERTIFICATE NUMBER:2014 Master

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | , | |
|-------------|--|---------------------------------|--------------|-------------|-------------------|----------------------------|------------------------------|--|----|------------|
| A | \vdash | ERAL LIABILITY | | | | | | EACH OCCURRENCE S | \$ | 1,000,000 |
| | Х | COMMERCIAL GENERAL LIABILITY | | | | | | PREMISES (Ea occurrence) | \$ | 50,000 |
| | | CLAIMS-MADE X OCCUR | | | ILCGL000002801902 | 5/2/2014 | 5/2/2015 | MED EXP (Any one person) | \$ | Excluded |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN | 'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | х | POLICY X PRO- JECT LOC | | | | | | | \$ | |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| В | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| " | ALL OWNED SCHEDULED AUTOS AUTOS | | | TXH60294001 | 5/2/2014 | 5/2/2015 | BODILY INJURY (Per accident) | \$ | | |
| | v | HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | , | \$ | |
| | | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE \$ | \$ | 10,000,000 |
| c | х | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | 10,000,000 |
| | | DED RETENTION \$ | | | NHA067564 | 5/2/2014 | 5/2/2015 | | \$ | |
| D | D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | X WC STATU- TORY LIMITS OTH- ER | | |
| | | | N/A | | TSF0001237191 | 5/2/2014 | 5/2/2015 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | | N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ | \$ | 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|-------------------------------------|--|--|--|--|--|
| ***For Information Purposes Only*** | 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 | | | | |
| | | | | | |
| | Wes Bailey/ALISHA Wes Bailey | | | | |