

## CERTIFICATE OF LIABILITY INSURANCE

09/26/2014

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).

certificate fioliaer fil fied of sacif	endorsement(s).				
PRODUCER		CONTACT NAME:	SADIE BROWN		
SUZANNA HARRISON AGENCY, INC			<sub>t):</sub> 817-654-9594	FAX (A/C, No): 817-0	654-9791
3825 W. GREEN OAKS BLVD. STE 100		E-MAIL ADDRESS:	BROWS11@NATIONWIDE.COM	И	
ARLINGTON, TEXAS 76016		INSURER(S) AFFORDING COVERAGE			NAIC #
817-654-9594		INSURER A	. NATIONWIDE PROPERTY & C	ASUALTY	
INSURED		INSURER B	. NATIONWIDE MUTUAL FIRE I	NS CO	
STRIPECO OF TEXAS LLC 8011 Eagle Peak		INSURER C	<b>TEXAS MUTUAL INSURANCE</b>	CO	
		INSURER D	:		
Helotes, TX 78023		INSURER E	:		
		INSURER F	:		
COVERAGES	CERTIFICATE NUMBER:		REVISION N	JMBER:	

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.

TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000 \$ 10,000
GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Y	ACP GLO 5516263286	08/06/14	08/06/15	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
ANY AUTO ALL OWNED AUTOS  HIRED AUTOS  X  ANY AUTO  ALL OWNED AUTOS  X  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS	Y	N	ACP BAF 5516263286	08/06/14	08/06/15	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$	Y	Y	ACP CAF 5516263286	08/06/14	08/06/15	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		Q003206769	08/06/14	08/06/15	X PER OTH- ER. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- DIECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X LOCUR EXCESS LIAB DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB  CLAIMS-MADE  VY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ff yes, describe under	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y Y ACP GLO 5516263286  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS  X HIRED AUTOS  X HIRED AUTOS  X OCCUR EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ff (yes, describe under)	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y Y ACP GLO 5516263286  08/06/14  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS X NON-OWNED AUTOS  WIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) (fives, describe under	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y Y ACP GLO 5516263286  08/06/14  08/06/15  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  X OCCUR EXCESS LIAB  CLAIMS-MADE  Y Y ACP CAF 5516263286  08/06/14  08/06/15  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  Q003206769  08/06/14  08/06/15	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y Y ACP GLO 5516263286  08/06/14  08/06/15  EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) MED EXP (Any one

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 BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	A 1000 COA4 A CORD CORDORATION All sinks account