**PURCHASE ORDER**
THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER
200 Technology Way, Suite 2079, College Station, Texas 77845-3424; Phone 979-436-9219, FAX 979-436-0074

**FILE**

**INVOICE (IN DUPLICATE) TO AGENCY BELOW**

<table>
<thead>
<tr>
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<tbody>
<tr>
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**Order Date**
01/08/2016

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**SAW**

**FOB:**

**DESTINATION FRT INCLUDED**

The Texas A&M University System Health Science Center cannot accept collect freight shipments.

**Terms:**

Failure to deliver - If the vendor fails to deliver these supplies by the promised delivery date or a reasonable time thereafter, without giving acceptable reasons for delay, or if supplies are rejected for failure to meet specifications, the State reserves the right to purchase specified supplies elsewhere and charge the increase in price and cost of handling, if any, to the vendor. Neither substitutions nor cancellations permitted without prior approval.

The State of Texas is exempt from all Federal Excise Taxes

**STATE AND CITY SALES TAX EXEMPTION CERTIFICATE:** The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.308(a), for purchase of tangible personal property described in this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.

**IN ACCORDANCE WITH YOUR ORDER, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY**

**THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.**
**PURCHASE ORDER**

**THE TEXAS A&M UNIVERSITY SYSTEM**

**HEALTH SCIENCE CENTER**

200 Technology Way, Suite 2079, College Station, Texas 77845-3424; Phone 979-436-9219, FAX 979-436-0074

**VENDOR**

**********9851**  
Fujifilm Medical System USA Inc  
PO Box 347689  
Pittsburgh, PA 15251-4689

**ORDER DATE:** 12/08/2016

**FILE**

P700031

**INVOICE (IN DUPLICATE) TO AGENCY BELOW**

| Texas A&M Health Science CTR  
| Colleges of Medicine  
| Family Medicine Residency Program  
| 2900 E 29th St Ste 100  
| Bryan TX 77802

**SHIP TO:**

| Texas A&M Health Science CTR  
| Colleges of Medicine  
| Family Medicine Residency Program  
| 2900 E 29th St Ste 100  
| Bryan TX 77802

**ANY EXCEPTION TO PRICING OR DESCRIPTION CONTAINED HEREIN MUST BE APPROVED BY HUB & PROCUREMENT SERVICES PRIOR TO SHIPPING.**

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**TOTAL**  
59,076.74

**VENDOR QUOTE: MMXQ3074**  
**VENDOR REF: DAVID GRANSTAFF**

Purchase made by an Institution of Higher Education, Section 51.9335 Education Code.

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**DOCUMENT DATE:** 12/08/2016

**DEPT. CONTACT:** NIKKI RUZI  
**PHONE NO.:** 979-436-0445

**SAP**

**FOB: DESTINATION FRT INCLUDED**

The Texas A&M University System Health Science Center cannot accept collect freight shipments.

**Terms:**

IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY

**THE STATE OF TEXAS IS EXEMPT FROM ALL FEDERAL EXCISE TAXES**

**STATE AND CITY SALES TAX EXEMPTION CERTIFICATE:** The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.3004, for purchase of tangible personal property described in this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.

**PURCHASING AGENT FOR**

**THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER**
PURCHASE ORDER
THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER
200 Technology Way, Suite 2079, College Station, Texas 77845-3424, Phone 979-436-9219, FAX 979-436-0074

Order Date
12/08/2016

Page
03

FILE

Include PO number on all Correspondence and packages

P700031

VENDOR

VENTILATION GUARANTEES
MERCHANDISE DELIVERED ON THIS ORDER WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

VENDOR NAME:

******9851
FUJIFILM MEDICAL SYSTEM USA INC
PO BOX 347689
PITTSBURGH, PA 15231-4689

ALL TERMS AND CONDITIONS SET FORTH IN THE BID INVITATION BECOME A PART OF THIS ORDER.

INVOICE (IN DUPLICATE) TO AGENCY BELOW

TEXAS A&M HEALTH SCIENCE CTR
COLLEGE OF MEDICINE
FAMILY MEDICINE RESIDENCY PROGRAM
2900 E 29TH ST STE 100
BRYAN TX 77802

SHIP TO:

TEXAS A&M HEALTH SCIENCE CTR
COLLEGE OF MEDICINE
FAMILY MEDICINE RESIDENCY PROGRAM
2900 E 29TH ST STE 100
BRYAN TX 77802

ANY EXCEPTION TO PRICING OR DESCRIPTION CONTAINED HEREIN MUST BE APPROVED BY HUB & PROCUREMENT SERVICES PRIOR TO SHIPPING.

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<td>TYPE FUND: S TYPE ORDER: HIED</td>
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IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY

THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.

PURCHASING AGENT FOR
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

Terms:
# PURCHASE ORDER

## THE TEXAS A&M UNIVERSITY SYSTEM
### HEALTH SCIENCE CENTER

200 Technology Way, Suite 2079, College Station, Texas 77845-3424, Phone 979-436-9219, FAX 979-436-0074

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**Invoice (in Duplicate) to Agency Below**

**Texas A&M Health Science Ctr**

**Colleges of Medicine**

**Family Medicine Residency Program**

2900 E 29TH ST STE 100

BRYAN TX 77802

**Ship To:**

**Texas A&M Health Science Ctr**

**Colleges of Medicine**

**Family Medicine Residency Program**

2900 E 29TH ST STE 100

BRYAN TX 77802

**Please Note:** If your invoice is not addressed as instructed, payment will be delayed.

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**S/N**

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**F.O.B.**

**Destination F.R.T. Included**

The Texas A&M University System Health Science Center cannot accept collect freight shipments.

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**State and City Sales Tax Exemptions Certificate:** The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.309(a), for purchase of tangible personal property described in this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.

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**Terms:**

In accordance with your bid, supplies/equipment must be placed in the department receiving room by

**This order is not valid unless signed by the purchasing agent.**

---

**Purchasing Agent For**

The Texas A&M University System Health Science Center

**Order Date**

12/08/2016
# PURCHASE ORDER
THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER

VENDOR

200 Technology Way, Suite 2079, College Station, Texas 77845-3424, Phone 979-436-9219, FAX 979-436-0074

VENDOR

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Purchasing Agent for
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

**Purchasing Agent**
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VENDOR REF: DAVID GRANSTAFF

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The Texas A&M University System Health Science Center

Sole Source and/or Proprietary Justification

Requisition No. Date: 11/23/2016

This form is to be used to aid departmental staff in relating information necessary in the process of requisitions on a sole source and/or proprietary basis. Your cooperation in answering the questions listed below will assist the purchaser in handling your order expeditiously. Please complete the form and forward to HUB and Procurement Services. If more space is required, feel free to attach additional pages. NOTE: For your convenience, this is a fill-in form. Adobe Reader required.

1. Description of item (if commodity: make, model no., etc.; if service: detail of type of service):
   Colonoscope imaging equipment, software integration with Centricity, and training for new equipment and software.

2. Name of known source for item: Manufacturer? Yes No
   Fujifilm

3. What feature or functions are unique (proprietary) to this item?
   Fujifilm is the manufacturer of the scopes, controller, software and video-processor that is used for all colonoscopy needs

4. Briefly explain how the unique features or functions are essential to the purpose for which the item is needed.
   The equipment must be maintained in excellent working condition to ensure safety and quality patient care. In addition, proper imaging, integration into our electronic medical record, and training to use this equipment is essential to provide proper medical care.

5. List any source other than the known source that manufactures or supplies similar items or items with similar functions.
   this is not applicable, Fujifilm is the only manufacturer of the equipment to add on service to the existing Fujifilm colonoscopes we already own and use.
6. Why are the other sources not satisfactory?
   n/a

7. Will the item be used with existing equipment?  
   Yes  No
   -as a repair/replacement part?  
     Yes  No
   -as component to be interfaced?  
     Yes  No
   -as an accessory?  
     Yes  No
   -to match existing equipment?  
     Yes  No
   -for reason of interchangeability?  
     Yes  No

   List make and model of existing equipment.
   n/a

8. Include any additional information that may aid the purchaser in processing this requisition.

   OEM PRODUCTS & SERVICES REQUIRED FOR WARRANTY & INTEGRATION.

I certify that, to the best of my knowledge, the above information is true and accurate and that no other material fact or consideration offered or given has influenced this recommendation for a sole source/proprietary purchase.

Submitted by: Nikki Ruiz, Business Coordinator II MSRDP
(Printed name, title and department)

Signature: signature
**PURCHASE ORDER**

**THE TEXAS A&M UNIVERSITY SYSTEM**

**HEALTH SCIENCE CENTER**

200 Technology Way, Suite 2079, College Station, Texas 77843-3424; Phone 979-436-9219, FAX 979-436-0074

---

**VENDOR**

******9851
FUTUI FMEDICAL SYSTEM USA INC
PO BOX 347869
PITTSBURGH, PA 15251-4689

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**F.O.B:** DESTINATION FRT INCLUDED

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**The undersigned is hereby authorized to act for the Texas A&M University System Health Science Center, acting in their name and behalf, to receive, accept, and approve this purchase order.**

---

**Purchasing Agent:**

**This order is not valid unless signed by the purchasing agent.**

---

**Signature**

---

**Kathleen Milksen**

Purchasing Agent for

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER
# PURCHASE ORDER

## THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

**VENDOR**
The Texas A&M University System Health Science Center cannot accept collect freight shipments.

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<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
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<td>9</td>
<td>colorqube 8580 starter kit (4 color pack &amp; 4 ext cap maintenance kit)</td>
<td>1</td>
<td>$958.00</td>
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<td>10</td>
<td>hdadi/svideo capture card</td>
<td>1</td>
<td>$949.00</td>
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<td>11</td>
<td>cable set 6 ft hdadi/svideo</td>
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<td>12</td>
<td>network cable</td>
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<td>$29.00</td>
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<td>13</td>
<td>newell application controller</td>
<td>2</td>
<td>$199.99</td>
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<td>14</td>
<td>training services</td>
<td>1</td>
<td>$5,800.00</td>
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<td>15</td>
<td>license installation fee</td>
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<td>$780.00</td>
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**VENDOR QUOTE:** MMXQ3074

**VENDOR REP:** DAVID GRANSTAFF

**SPECIAL INSTRUCTIONS:**

- **FAX:** 778-436-9278, Phone 778-436-9278, FAX 778-436-9074
- **P.O. NUMBER:** P700031
- **VENDOR GUARANTEES:** MERCHANDISE DELIVERED ON THIS ORDER WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.
- **ALL TERMS AND CONDITIONS SET FORTH IN THE BID INVITATION BECOME A PART OF THIS ORDER.**
- **PLEASE NOTE:** IF YOUR INVOICE IS NOT ADDRESSED AS INSTRUCTED PAYMENT WILL BE DELAYED.

**INVOICES (IN DUPLICATE) TO AGENCY BELOW:**

| Texas A&M Health Science Ctr | College of Medicine | Family Medicine Residency Program | 2900 E 23th ST STE 100 | BRYAN, TX 77802 |

**Purchasing Agent:**

**Terms:**

**IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY:**

**THIS ORDER IS NOT FAILED UNLESS SIGNED BY THE PURCHASING AGENT:**

**Purchasing Agent for:**

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER
Please process the attached order.

If you have any questions, please do not hesitate to contact me.

Thank You,

Susan King  CTPM

Procurement Services  |  Texas A&M University

MS 1477  |  330 Agronomy Road, College Station  TX  77843-1477
Ph: 979.845.3888  |  Fax: 979.845.3800  sa-king@tamu.edu

www.tamu.edu  |  LEAD by EXAMPLE

******************* PLEASE NOTE NEW NAME & EMAIL ADDRESS ***********
# QUOTE

**MMX03074**

Nov 1, 2016

**Prepared By:**
David Granstaff
Sales
dgranstaff@fujifilm.com
512.945.1870

**Quoted To:**
Texas A&M Health Science Center College of Medicine
Rosie Meredith
1301 Memorial Drive
Bryan, TX 77802

Terms: NET 30

<table>
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<th>Qty</th>
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<th>List Price</th>
<th>Your Price</th>
<th>Ext. Price</th>
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<td>L-100</td>
<td>EndoManager - Image Capture License</td>
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<td>Image Capture Computer (19&quot; Monitor Included)</td>
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<td>HL7 Interface Server (w/ 19&quot; Monitor Included)</td>
<td>$1,200.00</td>
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<td>IT-HL7ADT</td>
<td>HL7 Interface (ADT incoming) Patient Data</td>
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<td>Auto Fauxing with modem</td>
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<td>Xerox ColorQube 8560 Solid Ink Color Printer (Includes 3 Year Warranty)</td>
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<td>ColorQube 8580 Starter Kit (4 Color Pack &amp; Ext. Cap)</td>
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<td>1</td>
<td>H-605</td>
<td>HDSI / SVideo Capture Card</td>
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<td>P-CSHD</td>
<td>Cable Set 6 ft HDSI / SVideo</td>
<td>$3616.00</td>
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<td>P-NC</td>
<td>Network cable</td>
<td>$290.00</td>
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<td>2</td>
<td>H-NLRMT</td>
<td>Newell Application Controller</td>
<td>$199.99</td>
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<tr>
<th>Qty</th>
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<tr>
<td>1</td>
<td>IT-204</td>
<td>Training Services</td>
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<td>IT-200</td>
<td>License Installation Fee</td>
<td>$760.00</td>
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**Annual Maintenance Contract (Year 1 Included with Purchase, Year 2 and after listed below.)**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Part #</th>
<th>Description</th>
<th>List Price</th>
<th>Your Price</th>
<th>Ext. Price</th>
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<tbody>
<tr>
<td>1</td>
<td>EM-MAINT</td>
<td>Annual EndoManager Maintenance</td>
<td>$3,251.40 billed Annually</td>
<td>$3,251.40 billed Annually</td>
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<tr>
<td>1</td>
<td>M-ML7</td>
<td>3rd Party Required Annual License Fee for HL7 products.</td>
<td>$2,000.00 billed Annually</td>
<td>$2,000.00 billed Annually</td>
<td></td>
</tr>
</tbody>
</table>

* All discounts apply to software licenses only.
* This quote is valid for 60 days.
* To view our terms and conditions please visit: www.SummitImaging.com/Terms
* This Quotation is subject to applicable freight and sales tax charges. We are obligated to impose sales tax unless you provide us with the necessary Resale Certificate or Tax Exempt Certificate.

**List Total: $64,470.98**

**Discount: $5,394.24**

**Est. Tax: $4,872.83**

**Grand Total: $54,285.72**

Annual maintenance contract fee after first year: $5251.40 Billed Annually

Warranty: Summit Imaging warrants that all Summit Imaging products will be free from defects in materials and workmanship for a period of one (1) year from the date of installation. Lead Time: 4 Weeks from receipt of written Purchase Order. Interface: Contingent upon actual purchase of HL7 interfaces. There is a license fee of $2,000 annually for each HL7 interface.
CERTIFICATE OF LIABILITY INSURANCE  Page 1 of 1  03/28/2016

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).

PRODUCER
Willis of New York, Inc.
oc/o 26 Century Blvd.
P. O. Box 305191
Nashville, TN 37230

CONTACT
NAME: 
PHONE: 
(FAC. NO. EXT): 877-945-7378
FAX: 
(FAC. NO. EXT): 888-467-2378
E-MAIL: certificate@willis.com

INSURED
FUJIFILM Medical Systems U.S.A., Inc.
419 West Avenue
Stamford, CT 06902-6300

INSURER(A)/AFFIXING COVERAGE
INSURER B: 
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 

NAIC# 

COVERAGES  CERTIFICATE NUMBER: 24256710  REVISION NUMBER:

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

INSR. 
LTD.

TYPE OF INSURANCE
ADDC.
INSUR.
ADD.
SUB.
WDR

POLICY NUMBER
POLICY EFF (MM/DD/YYYY)
POLICY EXP (MM/DD/YYYY)

LIMITS

A  X
COMMERCIAL GENERAL LIABILITY
CLAIMS-MADE X OCCUR

Y
GL2122426
4/1/2016 4/1/2017

EACH OCCURRENCE $1,000,000

A  X
AUTOMOBILE LIABILITY

Y
BVM803075
4/1/2016 4/1/2017

COMBINED SINGLE LIMIT (EA accident) $1,000,000

A  X
ANY AUTO
ALLOWED AUTOS
SCHEDULED AUTOS
NON-OWNED AUTOS

BVR8406445
4/1/2016 4/1/2017

BODILY INJURY (Per person) $5

BVR8406447
4/1/2016 4/1/2017

BODILY INJURY (Per accident) $5

PROPERTY DAMAGE (Per accident) $5

UMBRELLA LIABILITY

X
EXCESS LIABILITY

OCCUR
CLAIMS-MADE

DED
RETENTION

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY

Y/N
N/A

AND ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)

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

Re: LAS-F 040239 DM.

It is agreed that Texas A&M Health Science Center are included as Additional Insureds as respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER
Texas A&M Health Science Center
8441 State Highway 47, Ste 3100
Bryan, TX 77807-3234

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

Call: 4874751 Tp1: 2041301 Cert: 24256710 ©1999–2014 ACORD CORPORATION. All rights reserved.

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