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AUTOMOBILE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

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. This form is used to report coverages provided to a single specific vehicle. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose. PRODUCER TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED (A/C, No, Ext): E-MAIL ADDRESS: CUSTOMER ID #: DEC 29 2011 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A : INSURER B: INSURER C : INSURER D : INSURER E : **DESCRIPTION OF AUTO** YFAR MODEL BODY TYPE VEHICLE IDENTIFICATION NUMBER COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES). INSR ADDI POLICY EFFECTIVE DATE (MM/DD/YYYY) POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER DATE (MM/DD/YYYY) LIMITS **AUTO LIABILITY** COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE INSR LOSS POLICY EFFECTIVE DATE (MM/DD/YYYY) POLICY EXPIRATION DATE (MM/DD/YYYY) POLICY NUMBER AUTO PHYSICAL DAMAGE LIMITS DEDUCTIBLE COLLISION LOSS ACV AGREED AMT $\bar{\Box}$ STATED AMT COMPREHENSIVE AGREED AMT ACV OTHER THAN COLLISION $\overline{\Box}$ ☐ STATED AMT ACV AGREED AMT STATED AMT ACV AGREED AMT П STATED AMT REMARKS [INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES] (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ADDITIONAL INTEREST CANCELLATION Select one of the following: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED The additional interest described below has been added to the policy(les) listed herein by policy number(s). BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s). (For those policies above where a "Y" appears in the ADD'L INSRD column) DESCRIPTION OF THE ADDITIONAL INTEREST LENDER LESSOR ADDITIONAL INSURED LOSS PAYEE NAME AND ADDRESS OF ADDITIONAL INTEREST LENDER'S LOSS PAYEE VEHICLE INTEREST: LEASED VEHICLE FINANCED VEHICLE LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE