



CERTIFICATE OF GARAGE 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.											
IMPORTANT: If the certificate holder the terms and conditions of the policy	y, cer	tain p	policies may require an e								
certificate holder in lieu of such endo PRODUCER	rseme	ent(s).	CONT	CT						
					NAME: FAX PHONE FAX (A/C, No, Ext): (A/C, No):						
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A :						
INSURED					INSURER B :						
					INSURER C :						
					INSURER D :						
					INSURER E :						
COVERACES PROP (OUTONER ID)		INSURER F :									
COVERAGES PROD / CUSTOMER ID: CERTIFICATE #: REVISION #: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE											
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 TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMI	TS		
							AUTO ONLY (Ea accident) \$				
ALL OWNED HIRED AUTOS AUTOS ONLY NON-OWNED AUTOS	"							EA ACCIDENT	s		
USED IN GARAGE BUSINESS							OTHER THAN AUTO ONLY				
GARAGE KEEPERS LIABILITY	+	<u> </u>					COMP /	AGGREGATE	\$		
							OTC SPECIFII		S		
DIRECT BASIS						-	PERILS COLLISIO		s s		
PRIMARY						ŀ		LOC	s		
COMMERCIAL GENERAL LIABILITY							EACH OCCUR	RENCE	s		
CLAIMS-MADE OCCUR						Γ	DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
							MED EXP (Any one person) \$				
		TEXAS DEPT. OF IN			SURANCE	Ļ	PERSONAL & ADV INJURY \$				
		1	AUSTIN, TE	(AS		F	GENERAL AG		\$		
			APPROV	ED		F	PRODUCTS - (COMP/OP AGG	\$		
UMBRELLA LIAB OCCUR			FEB 1 2 20			· ·			\$\$\$		
EXCESS LIAB CLAIMS-MADE			FED I Z Z				EACH OCCURRENCE \$				
DED RETENTION \$	1					F			s		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACC		\$		
OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under							E.L. DISEASE	EA EMPLOYEE	\$		
REMARKS below							E.L. DISEASE	POLICY LIMIT	\$		
REMARKS (ACORD 101, Additional Remarks Schedule	mayb	e attac	had if more space is required)		I						
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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						

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