

116982

CERTIFICATE OF INSURANCE OR REINSURANCE

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below. Policy limits are no less than those listed, although policies may include additional sublimit/limits not listed below

This is to Certify that

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NAME AND ADDRESS OF INSURED OR REINSURED



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance or reinsurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE	POLICY NUMBER	LIMITS OF LIABILITY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EXCESS <input type="checkbox"/> REINSURANCE			EXCESS / REINSURANCE INDEMNITY LIMITS The following limits are provided in excess of the Retained Amount(s) shown below: Aggregate Limit of Indemnity: \$ _____ each policy period WORKERS COMPENSATION: \$ _____ bodily injury each accident or each employee for disease EMPLOYERS LIABILITY: \$ _____ bodily injury each accident or each employee for disease WORKERS COMPENSATION & EMPLOYERS LIABILITY COMBINED \$ _____ bodily injury each accident or each employee for disease RETAINED AMOUNT(S) Insured is self-insured for the following Retained Amount: \$ _____ bodily injury each accident or each employee for disease
	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES		
EXCESS COMMERCIAL * GENERAL <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <div style="border: 1px solid black; padding: 2px;">RETRO DATE</div>			EXCESS LIMITS General Aggregate Other than Products / Completed Operations \$ _____ Products / Completed Operations Aggregate \$ _____ Bodily Injury and Property Damage Liability \$ _____ per occurrence Personal and Advertising Injury \$ _____ per person / organization
EXCESS AUTO LIABILITY <input type="checkbox"/> OWNED VEHICLES <input type="checkbox"/> NON-OWNED VEHICLES <input type="checkbox"/> HIRED VEHICLES			Single Limit—B.I. and P.D. Combined \$ _____ Each Accident
EXCESS MOTOR TRUCK CARGO *			\$ _____ Any one Vehicle \$ _____ Any one terminal \$ _____ Any one disaster
The policy limits set forth above apply in excess of the applicable self-insured retention			* SELF-INSURED AMOUNT Insured is Self-Insured for the following Amount: \$ _____ per occurrence, claim, accident, person or organization, disease or other basis stated in the policy, whichever applies.

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 30 2012

NOTICE OF CANCELLATION: THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE OR REINSURANCE AFFORDED UNDER THE ABOVE POLICY(IES) UNLESS SUCH CANCELLATION OR REDUCTION HAS BEEN MAILED TO: _____ DAYS NOTICE OF

Certificate Holder

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AUTHORIZED REPRESENTATIVE

OFFICE PHONE DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 920 07-10