

116882

Certificate of Insurance

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



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance 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	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input type="checkbox"/> POLICY TERM			
WORKERS COMPENSATION			COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:	EMPLOYERS LIABILITY Bodily Injury by Accident Each Accident Bodily Injury By Disease Policy Limit Bodily Injury By Disease Each Person
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	RETRO DATE []			General Aggregate
				Products / Completed Operations Aggregate
				Each Occurrence
AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			Personal & Advertising Injury Per Person / Organization	
			Other	Other
			Each Accident—Single Limit B.I. And P.D. Combined	
			Each Person	
OTHER			Each Accident or Occurrence	
			Each Accident or Occurrence	
ADDITIONAL COMMENTS <div style="text-align: center;"> <p>TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED</p> <p>JAN 30 2012</p> </div>				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST _____ DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

Certificate Holder
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AUTHORIZED REPRESENTATIVE

OFFICE PHONE DATE ISSUED