

Commercial Certificate of Liability Insurance



FARMERS

Agency

Issue Date (MM/DD/YY)

Name & Address

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 shown below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

St. _____ Dist. _____ Agent _____

Insured

Companies Providing Coverage (NAIC #):

Name & Address

Company Letter **A** Truck Insurance Exchange 21709
 Company Letter **B** Farmers Insurance Exchange 21652
 Company Letter **C** Mid-Century Insurance Company 21687
 Company Letter **D** _____

Coverages

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.

Co. Ltr.	Add'l. Insrd.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
		General Liability <input type="checkbox"/> Commercial General Liab. <input type="checkbox"/> Businessowners Liability <input type="checkbox"/> Claims Made Occurrence General Aggregate Limit Applies: <input type="checkbox"/> Per Location <input type="checkbox"/> Per Project	TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED DEC 20 2011			Each Occurrence \$ Damage To Rented Premises (Ea. Occur.) \$ Medical Expenses (Any one person) \$ Personal & Adv. Injury \$ General Aggregate \$ Prod./Comp. Ops. Aggr. \$
		Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (Each accident) \$ Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage (Per accident) \$
		Garage Liability <input type="checkbox"/> Any Auto				Auto Only-Ea. Accident \$ Other Than Auto Only: Each Accident \$ Aggregate \$
		Umbrella Liability Retention \$				Limit \$
		Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Ea. Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special items:

<p>Certificate Holder</p> <p>Name & Address</p>	<p>Cancellation</p> <p>Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.</p>
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 Authorized Representative

IMPORTANT

If the certificate holder is an additional insured, the policy(ies) must be so endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Commercial Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by any policies listed thereon.