BA2 01/12

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY THAT we have issued to the **insured** a policy of insurance which provides coverage as described below. THIS CERTIFICATE OF INSURANCE DOES NOT IN ANY WAY AMEND, EXTEND, ALTER, OR VARY THE COVERAGE AFFORDED BY THE POLICY OR POLICIES REFERRED TO HEREIN. This form is for information purposes only.

ITEM 1.	Policy Number	Effective Date	Expiration Date
ITEM 2.	Name of Insured		
ITEM 3.	Address of Insured		
ITEM 4.	Name and Address of Certificate Holder		
[-	1	
1		. 1	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.
	-		
TTTLA C			
ITEM 5.	Description of Insurance		
POLICY	COVERAGE	LI	MITS OF LIABILITY
	Bodily injury/Property Damage	Combined Single Limit	\$
Automobil	le Bodily injury	Each Person	\$
Liability		Each Accident	\$
	Property Damage	Each Accident	\$
•		Each Unit	\$\$
Cargo		Less Deductible \$	
		Aggregate	\$
Automobile	e	Stated Amount or ACV	\$
Physical	Collision	Less Deductible \$	······································
Damage	Specified Perils	Less Deductible \$	
3	Comprehensive	Less Deductible \$	and the stand of the
Other			\$
Coverage			\$
			······································
ITEM 6.	Covered Autos		
ITEM 7.	escription of Operations Truckmen – Primary Liability; Non-trucking Liability only: Other (Explain)		
	Description of Operations Truckmen – Prima	ary Liability; Non-trucking	Liability only; Other (Explain)
	8,18,4884		
This certific	cate shall not be valid until countersigned by a	duly authorized representati	
	and than not be valid until countersigned by a	doly autionized representati	
	(Na	ame of Company)	
Countersigr	ned		
-		······································	······································
TEX	AS DEPT. OF INSURANCE		
	AUSTIN, TEXAS	Authorized Representative	
	APPROVED	Autorized Nepresentative	
	MNL 0.0 2012		
	JAN 3 0 2012		

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Instructions for Issuing Certificates of Insurance

Name and address of insured must appear exactly as shown on policies.

Limits higher or coverage broader than those provided in the policies cannot be shown on certificates. Special requirements must be first endorsed on policies before they can be certified.

Show full name and address of certificate holders in Item 4. Special cancellation provisions can also be shown in this item.

If the policy has a provision that requires the company to send notice of cancellation to certificate holders, be certain that the company is furnished copies of all certificates or lists of all certificate holders.

TEXAS DEFT. OF INSUBANCE AUSTIN, TEXAS A P P R O V E D JAN 3 0 2012