

118882



ZURICH

Certificate Of Insurance

INSURANCE IS PROVIDED BY:
(hereinafter referred to as Company)

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions and conditions afforded by the policy or policies referenced herein.

Certificate No.: _____

Additional Policyholder: _____
(herein referred to as _____
Certificate Holder) _____

Certificate Effective Date _____ Expiration Date: _____ 12:01 a.m. Standard Time

The Company certifies that a policy of insurance as listed below has been issued to:

and the above named Certificate Holder is an additional Policyholder under policy _____ for the following coverages/limits:

Personal Accident Elite Plan:

<u>Insured Rentee</u>		<u>Passenger</u>	
Death Benefit:	_____	Death Benefit:	_____
Medical Expense:	_____	Medical Expense:	_____
Ambulance Expense:	_____	Ambulance Expense:	_____

**Aggregate limit of liability per Accident: _____

The limits shown above for coverage under the policy are applicable only to the Insured as defined in the policy. The Policyholder and Certificate Holder are not insureds under this policy.

Personal Accident Coverage provides insurance for bodily injury or death sustained by a rentee during the coverage period. This coverage also provides insurance for bodily injury or death sustained by a passenger while within the enclosed portion of a rental vehicle during the coverage period.

The original policy is held by _____ and may be reviewed by the Certificate Holder by appointment.

In the event of any change in or cancellation of the policy, the Company will provide notice to the Policyholder who is responsible under the terms of the Policy to notify all Certificate Holders. Failure of the Policyholder to properly notify Certificate Holders shall impose no obligation or liability upon the Company.

Authorized Signature

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 29 2012

Certificate Issue Date: _____