

126635

**INSURANCE PROGRAM**  
**CERTIFICATE OF INSURANCE**

Master Policy #: \_\_\_\_\_

Master Policy Holder:

Period of Coverage: \_\_\_\_\_ to \_\_\_\_\_  
*(Both days at 12:01 A.M. Local Standard Time)*

1: \_\_\_\_\_  
2: \_\_\_\_\_

Location of Insured Premises: Per Schedule on File with Company.

Insurance 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 terms and conditions of the policies referenced*

A: \_\_\_\_\_  
B: \_\_\_\_\_  
C: \_\_\_\_\_

Account #:  
Insured Affiliate: [name and address]

Agent:

The chart below shows the coverages available through the \_\_\_\_\_ Insurance Program. The coverages selected or not selected by the insured affiliate are indicated below. For any changes to these selections, please contact your Account Manager at [name of producer]. No coverage is provided to any affiliate member unless (and only to the extent) that the applicable premium has been paid.

Your Coverage Selection	Coverage Available	Master Policy Holder & Insurance Company

The policies of insurance listed herein are incorporated by reference as if fully set out within this document. Policy on file with \_\_\_\_\_ Purchasing Group, Inc. A copy is available upon request [or for viewing on our website at: \_\_\_\_\_ .] See \_\_\_\_\_ Insurance Program Manual for additional insurance information.

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
APR 17 2013

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Insured Affiliate:

Account #:

Countersigned:

By:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Authorized Representative

[Type of Coverage] [Policy Number]		Your coverage selection: _____
Description	Limits	Terms & Conditions

[Type of Coverage] [Policy Number] Your coverage selection: \_\_\_\_\_

TEXAS DEPT. OF INSURANCE  
 5500 N. ST. LOUIS  
 ARLING, TEXAS 76010  
 (817) 757-2111

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Description	Limits	Terms & Conditions
** [fill in with any notes that may be applicable to this coverage]		

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