

SL650380

**CERTIFICATE OF INSURANCE**

Name and Address of Additional Interest

Named Insured

**ADDITIONAL INSURED - see reverse side for endorsement**

|   |   |                                    |                                    |
|---|---|------------------------------------|------------------------------------|
| <b>POLICY PERIOD :12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED ABOVE.</b> | <b>AGENCY</b>                           | <b>AGENCY NO.</b>                  | <b>POLICY NUMBER</b>               |
| TO  |   |                                    |                                    |
| <b>LIABILITY LIMITS OF INSURANCE</b>  | <b>BI/PD DEDUCTIBLE (If Applicable)</b> | <b>BI DED ONLY (If Applicable)</b> | <b>PD DED ONLY (If Applicable)</b> |
| GENERAL AGGREGATE EACH OCCURRENCE   |   |                                    |                                    |

**ENDORSEMENT SUPPLEMENTAL INFORMATION (If Applicable)**

**DESIGNATION OF PREMISES/LOCATION OF COVERED PROPERTY (If Applicable):**

If you have any questions concerning this policy, please contact the agent of record listed below.

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
FEB 21 2018**

**IMPORTANT NOTICE: THIS CERTIFICATE OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED POLICY OF INSURANCE EXPRESSLY PROVIDES. THIS CERTIFICATE OF INSURANCE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE POLICY REFERENCED IN THIS CERTIFICATE OF INSURANCE.**

**CANCELLATION: SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

ORIGINAL POLICY OR RENEWAL CERTIFICATE HELD BY NAMED INSURED.

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Authorized Representative