

117517

<XXXXXXXXXXXXXXXXXX>
<XXXXXXXXXXXXXXXXXX>
<XXXXXXXX, XX XXXXX>
<XXX-XXX-XXXX>

PROGRESSIVE
COMMERCIAL AUTO INSURANCE

Policy number: <XXXXXXXX-X>
<XXXXXXXXXX XX, XXXX>
Page <X> of <X>

Certificate of Insurance

Certificate Holder	Insured	Agent
<XXXXXXXX XXXXX>	<XXXXXXXX XXXXX>	<XXXXXXXX XXXXX>
<XXXXXXXX XXXXX>	<XXXXXXXX XXXXX>	<XXXXXXXX XXXXX>
<XXXXXXXX XXXXX>	<XXXXXXXX DBA>	<XXXXXXXX XXXXX>
<XXXXXX, XX XXXXX>	<XXXXXXXX XXXXX>	<XXXXXX, XX XXXXX>
	<XXXXXX, XX XXXXX>	

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: <XXX X, XXXX> Policy Expiration Date: <XXX X, XXXX>

Insurance coverage(s)	Limits
<XXXXXXXXXXXXXXXXXXXX>	<XXXXXXXXXXXXXXXXXXXX>
<XXXXXXXXXXXXXXXXXXXX>	<XXXXXXXXXXXXXXXXXXXX>
<XXXXXXXXXXXXXXXXXXXX>	<XXXXXXXXXXXXXXXXXXXX>

Description of Location/Vehicles/Special Items Scheduled autos only

<XXXX XXXXX XXXXXX XXXXXXXXXXXXXXX>
<XXXX XXXXX XXXXXX XXXXXXXXXXXXXXX>
<XXXX XXXXX XXXXXX XXXXXXXXXXXXXXX>

Certificate number
<XXXXXXXXXXXX>

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

Form 5241 (10/02)

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
DEC 29 2011