TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED MAR 232012



CERTIFICATE OF INSURANCE

Named Insured	<u>Producer</u>	Certificate Holder		
Name	Name	Name		
Address 1	Address 1	Address 1		
Address 2	Address 2	Address 2		
	Telephone			
the certificate holder. This cer alter the coverage afforded by	tificate is not an insurance the policy listed below. T to all the terms, exclusion	ourposes only and confers no rights use policy and does not amend, extend he insurance coverages afforded by as, provisions, limitations, conditions,	, or the	
Policy Effective Date:	Pol	Policy Expiration Date:		
Insurer: Policy Num		icy Number:	ber:	
Insurance Coverage(s)	Lim	<u>its</u>		
Description of Vehicles/Spec Scheduled autos only Year/make/model/VIN	cial Provisions Coverage XXXXX	Limits \$XXXXX		
Cancellation In the event of cancellation of t accordance with policy provision	he policy described in this ons.	certificate, notice will be delivered ir	1	
Authorized Representative	·····	Date: (MM/DD/YYYY)		