

118882

Certificate of Liability Insurance

Date:

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.
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer Phone: () - Insured	Insurer(s) Affording Coverage Insurer A NAIC # _____ Insurer B NAIC # _____ Insurer C NAIC # _____
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COVERAGES Certificate No.: _____ Revision No.: _____
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	Type of Insurance	Addl Insr	Subr Wvd	Policy Number	Policy Eff (mm/dd/yy)	Policy Exp (mm/dd/yy)	Limits
	General Liability <input type="checkbox"/> Comm. General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> Gen'l Agg Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc	<input type="checkbox"/>	<input type="checkbox"/>				Each Occurrence \$ _____ Damage to Rented Premises (Ea Occurrence) \$ _____ Med Exp (Any one person) \$ _____ Personal & Adv Injury \$ _____ General Aggregate \$ _____ Products - Comp/Op Agg \$ _____ Auto Only - Ea Accident \$ _____ Bodily Injury (Per person) \$ _____ Bodily Injury (Per accident) \$ _____ Property Damage (Per acc) \$ _____ Other than Ea Accident \$ _____ Auto only Aggregate \$ _____
	Garage Liability <input type="checkbox"/> Any Auto <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Combined Single Limit (Ea accident) \$ _____ Bodily Injury (Per person) \$ _____ Bodily Injury (Per accident) \$ _____ Property Damage (Per acc) \$ _____ \$ _____ \$ _____
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Bodily Injury (Per person) \$ _____ Bodily Injury (Per accident) \$ _____ Property Damage (Per acc) \$ _____ \$ _____ \$ _____
	Auto Physical Damage Deductible <input type="checkbox"/> Collision \$ _____ <input type="checkbox"/> Spec. Causes \$ _____ <input type="checkbox"/> Comprehensive \$ _____ <input type="checkbox"/> Fire & Theft \$ _____ <input type="checkbox"/> Catastrophe \$ _____			Scheduled Vehicles Deductible <input type="checkbox"/> Collision \$ _____ <input type="checkbox"/> Spec. Causes \$ _____ <input type="checkbox"/> Comprehensive \$ _____ <input type="checkbox"/> Fire & Theft \$ _____ <input type="checkbox"/> Catastrophe \$ _____			<input type="checkbox"/> Actual Cash Value \$ _____ <input type="checkbox"/> Stated Amount \$ _____ <input type="checkbox"/> Other \$ _____
	Excess Liability <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible \$ _____ <input type="checkbox"/> Retention \$ _____	<input type="checkbox"/>	<input type="checkbox"/>				Each Occurrence \$ _____ Aggregate \$ _____ \$ _____ \$ _____
	Workers Compensation & Employers' Liability Any Proprietor/Partner/Executive/Office/Member Excluded? Y/N	N/A	<input type="checkbox"/>				<input type="checkbox"/> WC Statutory Limits E.L. Each Accident \$ _____ E.L. Disease - Ea Employee \$ _____ E.L. Disease - Policy Limit \$ _____

(Mandatory in NH) if Yes, Describe under Description of Operations below.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

CERTIFICATE HOLDER TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED FEB 29 2012	CANCELLATION A certificate holder shall have a right to notice of cancellation, non-renewal, material change, or any similar notice only if the person is named within the policy or endorsement(s) as an additional insured and the policy, endorsement(s), law or regulations of the state requires notice to be provided. Authorized Representative _____
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