



CERTIFICATE OF INSURANCE

ACCOUNT NUMBER

This certificate 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 afforded by the policies below.

Name and Address of Certificate Holder

XXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

Name and Address of the Insured

XXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX

TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 MAR 23 2012

This certificate is issued on XXXXXX and is effective until XXXXXX. It certifies that policies of insurance listed below have been issued to the insured named above. 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.

Coverage Provided	Policy Number	Coverage Limits
WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	00-00000-00	STATUTORY EACH ACCIDENT \$0,000,000 EACH DISEASE/EMPLOYEE \$0,000,000 EACH DISEASE/POLICY \$0,000,000
GENERAL LIABILITY	00-00000-00	GENERAL AGGREGATE \$0,000,000 PRODUCTS AGGREGATE \$0,000,000 PER/ADV INJURY \$0,000,000 EACH OCCURRENCE \$0,000,000
BODILY INJURY AND PROPERTY DAMAGE COMBINED		PREMISES DAMAGE \$0,000,000 MEDICAL EXPENSE \$0,000,000
AUTOMOBILE LIABILITY INCLUDES: BODILY INJURY AND PROPERTY DAMAGE COMBINED -ANY AUTO	00-00000-00	EACH ACCIDENT \$0,000,000

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

 Company Representative