

119945

BA2  
01/12

### CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY THAT we have issued to the insured a policy of insurance which provides coverage as described below. THIS CERTIFICATE OF INSURANCE DOES NOT IN ANY WAY AMEND, EXTEND, ALTER, OR VARY THE COVERAGE AFFORDED BY THE POLICY OR POLICIES REFERRED TO HEREIN. This form is for information purposes only.

ITEM 1. Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
ITEM 2. Name of Insured \_\_\_\_\_  
ITEM 3. Address of Insured \_\_\_\_\_  
ITEM 4. Name and Address of Certificate Holder \_\_\_\_\_

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
APR. 19 2012

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

ITEM 5. Description of Insurance

| POLICY                     | COVERAGE  | LIMITS OF LIABILITY      |          |
|----------------------------|---|--------------------------|----------|
| Automobile Liability       | <b>Bodily injury/Property Damage</b>                                | Combined Single Limit    | \$ _____ |
|                            | <b>Bodily injury</b>  | Each Person              | \$ _____ |
|                            |   | Each Accident            | \$ _____ |
|                            | <b>Property Damage</b>  | Each Accident            | \$ _____ |
| Cargo                      |   | Each Unit                | \$ _____ |
|                            |   | Less Deductible \$ _____ |          |
|                            |   | Aggregate                | \$ _____ |
| Automobile Physical Damage | <b>Collision</b><br><b>Specified Perils</b><br><b>Comprehensive</b> | Stated Amount or ACV     | \$ _____ |
|                            |   | Less Deductible          | \$ _____ |
|                            |   | Less Deductible          | \$ _____ |
|                            |   | Less Deductible          | \$ _____ |
| Other Coverage             |   |                          | \$ _____ |

ITEM 6. Covered Autos \_\_\_\_\_

ITEM 7. Description of Operations  Truckmen – Primary Liability;  Non-trucking Liability only;  Other (Explain) \_\_\_\_\_

This certificate shall not be valid until countersigned by a duly authorized representative of \_\_\_\_\_  
(Name of Company)

Countersigned \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

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## **Instructions for Issuing Certificates of Insurance**

Name and address of insured must appear exactly as shown on policies.

Limits higher or coverage broader than those provided in the policies cannot be shown on certificates. Special requirements must be first endorsed on policies before they can be certified.

Show full name and address of certificate holders in Item 4. Special cancellation provisions can also be shown in this item.

If the policy has a provision that requires the company to send notice of cancellation to certificate holders, be certain that the company is furnished copies of all certificates or lists of all certificate holders.