CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

TEXAS DEPT OF INSURANCE
AUSTIN, TEXAS
A P P R O V E D

SEP 2 3 2011

Producer:	Named Insured:

General Liability	
Insurer Name:	
Policy Number:	
Type Of Coverage: ☐ Occurrence ☐ Claims-made **Retroactive Date** (if claims-made):	
Policy Effective Date:	**Policy Expiration Date:**
Limits Of Insurance	
$	Each Occurrence
$	Damage To Premises Rented To You (any one premises)
$	Medical Expense (any one person)
$	Personal And Advertising Injury
$	General Aggregate
$	Products/Completed Aggregate
General Aggregate Limit Applies Per:	☐ Policy ☐ Project ☐ Location

Automobile Liability		
Insurer Name:		
Policy Number:		
☐ 1 – Any Auto	☐ 2 – Owned Autos Only	☐ 3 – Owned Priv. Pass. Autos Only
☐ 4 – Owned Autos Other Than Priv. Pass. Autos Only	☐ 5 – Owned Autos Subject To No-fault	☐ 6 – Owned Autos Subject To A Compulsory UM Law
☐ 7 – Specifically Described Autos	☐ 8 – Hired Autos Only	☐ 9 – Non-owned Autos Only
Policy Effective Date:	**Policy Expiration Date:**	
Limits Of Insurance		
$	Combined Single Limit (each accident)	
$ BI Per Person	$ BI Per Accident	$ PD Per Accident

Umbrella Liability	
Insurer Name:	
Policy Number:	
Type Of Coverage: ☐ Occurrence ☐ Claims-made **Retroactive Date** (if claims-made):	
Policy Effective Date:	**Policy Expiration Date:**
Deductible: $	**Self-insured Retention:** $
Limits Of Insurance	
$	Each Occurrence
$	Personal And Advertising Injury
$	General Aggregate (other than a covered auto)

Excess Liability	
Insurer Name:	
Policy Number:	
Self-insurance:	
Type Of Coverage: ☐ Occurrence ☐ Claims-made **Retroactive Date** (if claims-made):	
Policy Effective Date:	**Policy Expiration Date:**
Limits Of Insurance	
$	Each Occurrence
$	Aggregate

Workers' Compensation And Employer's Liability		
Insurer Name:		
Policy Number:		
Proprietors/Partners/Executive Officers Are:	☐ Included	☐ Excluded
Policy Effective Date:	**Policy Expiration Date:**	
Limits Of Insurance		
Workers' Compensation:	☐ Statutory	☐ Other:
Employer's Liability:	$	Employer's Liability – Disease Policy Limit
	$	Employer's Liability – Disease (Each Employee) Limit
	$	Employer's Liability – Each Accident Limit

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Professional Liability	
Insurer Name:	
Description Of Coverage:	
Policy Number:	
Type Of Coverage: ☐ Occurrence ☐ Claims-made **Retroactive Date** (if claims-made):	
Policy Effective Date:	**Policy Expiration Date:**
Limits Of Insurance	
$	Each Occurrence
$	Aggregate

Description Of Operations/Locations/Vehicles/Endorsements/Special Provisions

Additional Insured Status		
☐ General Liability	☐ Automobile Liability	☐ Umbrella Liability
☐ Excess Liability	☐ Professional Liability	
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.		

Certificate Holder:	
Authorized Representative:	
	Date: