

118155



**CANAL INSURANCE COMPANY**  
Greenville, SC

ISSUE DATE (MM/DD/YYYY)

**CERTIFICATE OF INSURANCE**

AGENT OF INSURED \_\_\_\_\_ PHONE: \_\_\_\_\_  
**TEXAS DEPT. OF INSURANCE**  
**AUSTIN, TEXAS**  
**APPROVED**

INSURED \_\_\_\_\_  
**DEC 29 2011**

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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT.

RADIUS OF OPERATIONS: \_\_\_\_\_ MILES

POLICY NUMBER: \_\_\_\_\_

EFF DATE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

THE POLICY LISTED ABOVE HAS 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 POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**COVERAGE TYPE**

**LIMITS**

**AUTO LIABILITY**

- ANY AUTO OVER 10,000 GVW
- SCHEDULED AUTOS
- HIRED AUTOS
- NON-OWNERSHIP
- NON-TRUCKING

COMBINED SINGLE LIMIT (Each accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$

**PHYSICAL DAMAGE**

- COLLISION LOSS
- SPECIFIED CAUSES OF LOSS
- COMPREHENSIVE

PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE

**CARGO**

- PREFERRED FORM
- STANDARD FORM
- REFRIGERATION BREAKDOWN ENDORSEMENT

LIMIT OF LIABILITY \$ See Schedule

**GENERAL LIABILITY**

- COMMERCIAL GENERAL LIABILITY - OCCUR
- \_\_\_\_\_
- \_\_\_\_\_

EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Each Occurrence)	\$
MEDICAL EXPENSES (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$
PRODUCTS / COMPLETED OPERATIONS AGG.	\$
GENERAL AGGREGATE	\$

**REMARKS/SPECIAL CONDITIONS**

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THERE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.

GENERAL AGENT \_\_\_\_\_ **X**  
PRINT NAME

118155

POLICY NUMBER:		ISSUE DATE (MM/DD/YYYY)
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SCHEDULE OF VEHICLES

VEHICLE DESCRIPTION	PHYSICAL DAMAGE		CARGO	
	LIMIT	DEDUCTIBLE	LIMIT	DEDUCTIBLE
<p>TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED DEC 29 2011</p>				