## LOSS PAYEE / ADDITIONAL INSURED'S CONTINUOUS CERTIFICATE OF INSURANCE

NAME AND ADDRESS OF ADDITIONAL INTEREST

NAMED INSURED

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED FEB 27 2018

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY, REGARDLESS OF ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT TO WHICH THIS CERTIFICATE MAY PERTAIN.

TYPE OF	ADDITIONAL IN	TEREST:					
Loss I	Payee (Loss Pa	yable Clause)					
Lesso	r - Additional In	sured and Loss Paye	e <b>e</b>				
Desig	nated Insured						
AGENCY			AGENCY NO.		POLICY NUMBER	POLICY PERIOD 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED ABOVE.	
						TO CONT	TOTAL
YEAR	MAKE	VEHICLE IDENTI		LIABILITY		COMP. DEDUCTIBLE	COLL. DEDUCTIBLE
CONFERS REFEREN EXTEND, POLICY R CANCELL	NO RIGHTS CED POLICY O AMEND, OR A EFERENCED IN ATION: SHOUL	IIS CERTIFICATE OF UPON THE THIRD IF INSURANCE EXPENDED IN THE COVERAL THIS CERTIFICATE IN THE ABOVE DESTRICTED IN THE ABOVE D	PARTY RE RESSLY PRO AGE, TERMS OF INSURA CRIBED POI	EQUE OVIDI 6, EX NCE	ESTING THE C ES. THIS CERTI CLUSIONS, OR BE CANCELLE	ERTIFICATE BEYOF FICATE OF INSURATE CONDITIONS AFFORE THE EX	ND WHAT THE NCE DOES NOT ORDED BY THE
		BE DELIVERED IN A					
CMOF-501	l 09 09 rev. 2					AUTHORIZED REPF	SESENTATIVE