



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS	IVEL	Y OF	R NEGATIVELY AMEND,	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED BY TH	E POLICIES	
REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder the terms and conditions of the policy	ND T is ar	HE C	ERTIFICATE HOLDER.	policy	(ies) must be	endorsed.	IF SUBROGATION IS WAIVED	, subject to	
certificate holder in lieu of such endor	•		<b>.</b> .	CONTA					
PRODUCER					NAME:				
					(A/C, No, Ext): (A/C, No):				
					ADDRESS:				
					INSURER(S) AFFORDING COVERAGE				
INSURED									
					INSURER D :				
COVERAGES CERTIFICATE NUMBER:								I	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUIF PERT POLI	INSUI REME AIN,	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE POI DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE \$		
							PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$		
							PRODUCTS - COMP/OP AGG \$		
							COMBINED SINGLE LIMIT		
		TE	VAS DEDT OF THE				(Ea accident)		
ANY AUTO		i ba.	XAS DEPT. OF INSU	JRAN	CE		BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED			AUSTIN, TEXA A P P R O V E I	S			PROPERTY DAMAGE		
HIRED AUTOS AUTOS				)			(Per accident) \$		
			MAY 2 1 2013						
			2013				EACH OCCURRENCE \$		
							AGGREGATE \$		
DED RETENTION \$							PER 0TH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		0000	101 Additional Damaster Oak		a attached if	''	ad)		
				6, IIIAY D		e space is requi	euj		
CERTIFICATE HOLDER					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.				
ק					AUTHORIZED REPRESENTATIVE				
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