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		
I		I	Cancellation:
			Should any of the above described
			policies be cancelled before the
			expiration date thereof, Notice will
			be delivered in accordance with the
· ·		I	policy provisions.
L			
ITEM 5.	Description of Insurance		
••••••			
POLICY	COVERAGE		MITS OF LIABILITY
	Bodily injury/Property Damage	Combined Single Limit	\$
Automobile	e Bodily injury	Each Person	\$\$
Liability	Orea a shi Da ma na	Each Accident	\$
	Property Damage	Each Accident	
		Each Unit	\$
Cargo		Less Deductible \$	Ψ
J		Aggregate	\$
Automobile		Stated Amount or ACV	\$
Physical	Collision	Less Deductible \$	
Damage	Specified Perils	Less Deductible \$	······································
	Comprehensive	Less Deductible \$	
Other			
Coverage			\$
0010.ugo			······································
ITEM 6.	Covered Autos		
ITEM 7. Description of Operations 🔲 Truckmen – Primary Liability; 🚺 Non-trucking Liability only;			Liability only; Other (Explain)
This section			
This certific	ate shall not be valid until countersigned by a	duly authorized representati	ve of
	(Na	ame of Company)	
_			
Countersign	······································		
TEXAS	DEPT. OF INBURANCE		
AUSTIN, TEXAS		Authorized Representative	
AUSTIN, TEXAS A P P R O V E D		Authorized Representative	
	JAN 3 0 2012		

Instructions for Issuing Certificates of Insurance

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

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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.

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D JAN 3 0 2012