

126635

INSURANCE PROGRAM
CERTIFICATE OF INSURANCE

Master Policy #: _____

Master Policy Holder:

Period of Coverage: _____ to _____
(Both days at 12:01 A.M. Local Standard Time)

1: _____
2: _____

Location of Insured Premises: Per Schedule on File with Company.

Insurance Company:

This Certificate Of Insurance 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 terms and conditions of the policies referenced

A: _____
B: _____
C: _____

Account #:
Insured Affiliate: [name and address]

Agent:

The chart below shows the coverages available through the _____ Insurance Program. The coverages selected or not selected by the insured affiliate are indicated below. For any changes to these selections, please contact your Account Manager at [name of producer]. No coverage is provided to any affiliate member unless (and only to the extent) that the applicable premium has been paid.

Your Coverage Selection	Coverage Available	Master Policy Holder & Insurance Company

The policies of insurance listed herein are incorporated by reference as if fully set out within this document. Policy on file with _____ Purchasing Group, Inc. A copy is available upon request [or for viewing on our website at: _____ .] See _____ Insurance Program Manual for additional insurance information.

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
APR 17 2013

126635

Insured Affiliate:

Account #:

Countersigned:

By:

(Date)

Authorized Representative

[Type of Coverage] [Policy Number]		Your coverage selection: _____
Description	Limits	Terms & Conditions

[Type of Coverage] [Policy Number] Your coverage selection: _____

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
12/20/00
101

126635

Description	Limits	Terms & Conditions
** [fill in with any notes that may be applicable to this coverage]		

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