

5650435

CERTIFICATE OF INSURANCE

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED**

NAME AND ADDRESS OF CERTIFICATE HOLDER

NAMED INSURED

FEB 07 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.

POLICY NUMBER	POLICY PERIOD :12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED ABOVE.	
	TO	
Type of Policy	Employers Liability Limits	
	Bodily Injury by Accident	Each Accident
	Bodily Injury by Disease	Policy Limit
	Bodily Injury by Disease	Each Person

If you have any questions concerning this policy, please contact the agent of record listed below:

IMPORTANT NOTICE: THIS CERTIFICATE OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED POLICY OF INSURANCE EXPRESSLY PROVIDES. THIS CERTIFICATE OF INSURANCE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE POLICY REFERENCED IN THIS CERTIFICATE OF INSURANCE.

CANCELLATION: SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE NAMED INSURED IN ACCORDANCE WITH THE POLICY PROVISIONS. WE WILL ENDEAVOR TO DELIVER NOTICE TO THIS CERTIFICATE HOLDER IN ACCORDANCE WITH THE PROVISIONS SHOWN ON THE REVERSE SIDE OF THIS CERTIFICATE OF INSURANCE.

ORIGINAL POLICY OR RENEWAL CERTIFICATE HELD BY NAMED INSURED.

AUTHORIZED REPRESENTATIVE