

5618754

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JAN 26 2016



**TEXAS CERTIFICATE OF AUTOMOBILE INSURANCE**

This certificate is issued for informational purposes only. It certifies that the named insured is, at the date of this certificate, insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy.

INSURED'S NAME AND ADDRESS

FOR LIEN HOLDER INQUIRIES, CALL OR WRITE  
1-800-409-0733  
P O BOX 29017  
PHOENIX, AZ 85038

**DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED**

Policy Number: XXXXXXXX Effective Date: XXXXXX Expiration Date: XXXXXXXX

	PART A	PART B	PART D — DAMAGE TO YOUR AUTO COVERAGE		
COVERAGES:	LIABILITY COVERAGE	MEDICAL PAYMENTS COVERAGE	COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS	
				Loss Caused by Collision	Loss Other Than Loss Caused by Collision
Limits of Liability	XXXXXX	XXXXXX	XXXXX	"ACV" indicates Actual Cash Value XXX Less \$XXX Deductible	"ACV" indicates Actual Cash Value XXX Less \$XXX Deductible
* Includes Medical Expense	Accidental Death Benefit: \$XXX		Protection Against Uninsured Motorists Coverage — Limit Selected: \$XXX		
POLICY INCLUDES: <input type="checkbox"/> BASIC NO FAULT COVERAGE <input type="checkbox"/> OPTIONAL NO FAULT COVERAGE					

**DESCRIPTION OF AUTOMOBILES**

Year of Model	Trade Name	Body Type	Identification or Serial Number
XXXX	XXXXX	XXXX	XXXX

**ADDITIONAL INTEREST**

NAME AND ADDRESS:

Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest hereinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

The insurance described herein is in effect on the date of this certificate and shall remain in force until canceled in accordance with the terms of the policy.

[Variable Signature] [Variable Signature]

Loss PAYEE and ADDRESS

[Large empty rounded rectangular box for signature]

Secretary President

Dated: \_\_\_\_\_ at: \_\_\_\_\_

(Countersigned)  
AUTHORIZED REPRESENTATIVE