

CERTIFICATE OF INSURANCE

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the Certificate Holder. This Certificate cancels and supersedes all previously issued certificates.

Certificate Holder:

«Name»
«Name_2»
«Address_1»
«Address_2»
«City», «State» «ZIP»

Named Insured:

«Name1»
«Name_21»
«Address_11»
«Address_21»
«City1», «State1» «ZIP1»

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

SEP 02 2014

S7374

This is to certify that the policies of insurance listed below have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain. The insurance afforded by the policy(s) described herein is subject to all terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

Policy Type: «Policy_Type»

Policy Period: «Inception» to «Expiration»
Both days as of 12:01 A.M. Standard Time at the address of the Named Insured shown above

Insurer(s):	Company «Insurer»	Policy No(s). «Policy_No»
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Workers' Compensation Coverage

Workers' Compensation
State of Hire: «State_of_Hire»

Benefits:
Statutory Limits

Employers' Liability

Limits of Liability:
Each Accident Limit: «EL_Each_Accident»
Disease Policy Limit: «EL_Disease_Policy»
Disease Each Employee: «EL_Disease_Employee»

Certificate Provisions

«Provision_1»
«Provision_2»
«Provision_3_»
«Provision_4»

Certificate No.: «Cert_No»
Date: «Date»

Authorized Representative