

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

[]

NAME AND ADDRESS OF INSURED



Liberty Mutual.

IS, AT THE ISSUE DATE OF THIS CERTIFICATE, INSURED BY THE LIBERTY MUTUAL INSURANCE GROUP AT THE LOCATIONS SPECIFIED UNDER THE POLICY(IES) LISTED BELOW. THE INSURANCE AFFORDED BY THE LISTED POLICY(IES) IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS AND IS NOT ALTERED BY ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED.

POLICY NUMBER: EXP. DATE OF POLICY:

TYPE OF POLICY	CAUSE OF LOSS FORMS/INSURED
<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Earthquake <input type="checkbox"/> _____
<input type="checkbox"/> Business Owners	<input type="checkbox"/> Standard <input type="checkbox"/> Special <input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Specified Perils Per Form <input type="checkbox"/> (ALL) Risks Subject to Policy Form <input type="checkbox"/> _____
<input type="checkbox"/> RM Select	<input type="checkbox"/> Causes of Loss Per Policy Form <input type="checkbox"/> Earth Movement / Earthquake <input type="checkbox"/> Flood
<input type="checkbox"/> Commercial Business Property	<input type="checkbox"/> Causes of Loss Per Policy Form <input type="checkbox"/> Earth Movement / Earthquake <input type="checkbox"/> Flood
<input type="checkbox"/> Electronic Data Processing	<input type="checkbox"/> Causes/Risks of Loss Per Policy Form <input type="checkbox"/> Includes Breakdown
<input type="checkbox"/> Boiler and Machinery	<input type="checkbox"/> Causes of Loss Per Policy Form
<input type="checkbox"/> _____	<input type="checkbox"/> _____

INSURED LOCATION(S) OR SPECIFIC SUBJECT OF COVERAGE

DESCRIPTION OF INSURED PROPERTY	COINS. / CONTRIB. %	INSURED PROPERTY
<input type="checkbox"/> Building(s) / Real Property <input type="checkbox"/> _____		
<input type="checkbox"/> Personal Property of the Insured <input type="checkbox"/> _____		
<input type="checkbox"/> Personal Property of Others <input type="checkbox"/> _____		
<input type="checkbox"/> Boiler and Machinery Object Definition No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> _____		

MORTGAGEE(S) / LOSS PAYEE(S) NAMES AND ADDRESS(ES)

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 3 0 2012

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST _____ DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

[] _____ AUTHORIZED REPRESENTATIVE
[] _____ OFFICE PHONE DATE ISSUED