

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 Company 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.

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY
WORKERS COMPENSATION			COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:
			EMPLOYERS LIABILITY
			Bodily Injury by Accident Each Accident
			Bodily Injury By Disease Policy Limit
			Bodily Injury By Disease Each Person
GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE RETRO DATE <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <input type="checkbox"/> CLAIMS MADE			Schedule Limits of Liability
			Personal Injury and Property Damage Limit Each Occurrence
			General Aggregate Limit
			Products / Completed Operations Aggregate Limit
			Other
AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			Each Accident—Single Limit B.I. And P.D. Combined
			Each Person
			Each Accident or Occurrence
			Each Accident or Occurrence
OTHER			
ADDITIONAL COMMENTS			

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A 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 IS RECEIVED BY THE POLICYHOLDER.

Liberty Mutual Insurance Group

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 30 2012

Certificate Holder

AUTHORIZED REPRESENTATIVE

OFFICE PHONE NUMBER DATE ISSUED