

Contract Number:
COI Number:

**CUMIS INSURANCE SOCIETY, INC.
CERTIFICATE OF INSURANCE**

This is to certify that such insurance policies as indicated below by policy number have been issued on forms in current use by the Society. Hazards covered are indicated by (X). This CERTIFICATE OF INSURANCE neither affirmatively nor negatively amends, extends, or alters the coverage afforded by these policies. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. This certificate is issued as a matter of information only and confers no rights upon the certificate holder.

Name and Address of Certificate Holder

Type of Insurance	Policy Number	Expiration Date	Limits of Liability
WORKERS' COMPENSATION EMPLOYERS' LIABILITY			Statutory
COMPREHENSIVE GENERAL LIABILITY () OCCURRENCE () Policy Aggregate Limit			\$ Each Occurrence \$ Policy Aggregate
AUTOMOBILE LIABILITY () Owned Automobiles () Hired Automobiles () Non-Owned Automobiles () Repossessed Automobiles			Combined Single Limit \$ Each Occurrence
EXCESS LIABILITY () OCCURRENCE () Policy Aggregate Limit			\$ Each Occurrence \$ Policy Aggregate

Should any of the described polices be cancelled before the expiration date noted, the Society will mail ____ days prior written notice of such cancellation to the above named Certificate Holder. The mailing of the notice shall be sufficient proof of notice.

Description and location of operations and / or automobiles and / or property covered:

Name and Address of insured:

Date:

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 3 02012

By: _____
AUTHORIZED REPRESENTATIVE