

118316

CERTIFICATE OF INSURANCE (ISSUE DATE)

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 INSURERS(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polic(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).



**FEDERATED RURAL ELECTRIC
INSURANCE EXCHANGE**

THIS IS TO CERTIFY THAT:

NAIC: 11118
P.O. Box 15147, Lenexa, KS 66215-5147
(913)541-0150 fax 913-541-9004
www.federatedrural.com

IS, AT THE ISSUE DATE OF THIS CERTIFICATE, INSURED BY THE COMPANY UNDER THE POLICY(IES) LISTED BELOW. 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY DATES | LIMITS (\$) | |
|---|---------------|--------------|--|-----------|
| | | | EACH OCCURRENCE | |
| GENERAL LIABILITY ___ COMMERCIAL GENERAL LIABILITY ___ CLAIMS-MADE ___ OCCUR _____ _____ GEN AGGREGATE LIMIT APPLIES PER: ___ POLICY ___ PROJECT ___ LOC ___ NO GENERAL AGGREGATE APPLIES | | | DAMAGE TO RENTED PREMISES | |
| | | | MED EXP (PER PERSON) | |
| | | | PERSONAL & ADV INJURY | |
| | | | GENERAL AGGREGATE LIMIT | |
| | | | PRODUCTS-COMP/OP AGG | |
| | | | | |
| AUTOMOBILE LIABILITY ANY AUTO HIRED & NON-OWNED AUTO GARAGE LIABILITY (ANY AUTO) | | | COMBINED SINGLE LIMIT (EACH ACCIDENT) | |
| | | | | |
| UMBRELLA LIABILITY OCCURRENCE-BASIS \$10,000 SELF-INSD RETENTION | | | EACH OCCURRENCE | |
| | | | PRODUCTS-COMP/OP AGG | |
| | | | | |
| WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | WC LIMITS | STATUTORY |
| | | | E.L. EACH ACCIDENT | |
| | | | E.L. DISEASE EACH EMPLOYEE | |
| | | | E.L. DISEASE - POLICY LIMIT | |
| OTHER | | | | |
| | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EQUIPMENT / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER:

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 13 2012**

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: