

Attachment to certificate no. \_\_\_\_\_ dated \_\_\_\_\_ issued to: \_\_\_\_\_

POLICYHOLDER \_\_\_\_\_  
POLICY NO. \_\_\_\_\_  
POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_

OTHER COVERAGES / CONDITIONS / REMARKS - Continued

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
APR -2 2012

This certificate does not change in any way the actual coverages by the policy/ies specified above.