

119687

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER MJ Insurance, Inc. P.O. Box 50435 Indianapolis, IN 46250-0435 Phone: (888) 442-7470 FAX: (317) 805-7580 ruth_knauer@mjinsurance.com	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	INSURER(S) AFFORDING COVERAGE
	INSURER A
	INSURER B
	INSURER C

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Host Liquor Liability <input type="checkbox"/> General Agg per Loc				General Aggregate \$ Products/Comp/Op Agg. \$ Personal & Adv Injury \$ Each Occurrence \$ Fire Damage(Any one fire) \$ Med Expense(Any one person) \$
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability				Combined Single Limit Bodily Injury Person Bodily Injury Accident Property Damage
	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence Aggregate
	Worker's Compensation And Employers' Liability				Statutory Limits Each Accident Disease Limit Disease Each Employee
	Other:				Other Limit

**TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 APR 19 2012**

Description of Operations / Locations / Vehicles / Special Items:

Certificate Holder:

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(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).

Authorized Representative

MJACCESS01 (03/12) CINDY H. STELLHORN