



TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D NOV 0 6 2012

POLICY INFORMATION			
Named Insured:			
Policy Number:		Loan Number:	
Policy Form:	Effective Date:	Expiration	n Date:
ADDITIONAL INTEREST		Interest:	
Name:		•	
Address:			
PROPERTY INFORMATION			
Location:			
Legal Description:			
Legal Description.			
COVERAGE INFORMATION*		Coverage applies only if a limit is shown.	
Coverage	Limit	Coverage	Limit
Dwelling:		Personal Liability:	
Other Structures:		Medical Payments:	
Personal Property:			
Deductible:		Annual Premium:	

See back of form for an important disclosure.

* Copy of contract available upon request.

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein. This is not an insurance policy. 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 the policies.

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