

POLICY INFORMATION

RENTERS CERTIFICATE OF INSURANCE

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

TOLIOT HITOKIMATION			
Named Insured:			
Policy Number:			
Effective Date:		Expiration Date:	
ADDITIONAL INTEREST			
Name:		Interest:	
Address:			
PROPERTY INFORMATION			
Location:			
COVER A CE INCORNATION.			
COVERAGE INFORMATION*		Coverage applies only if a limit is shown.	
Coverage	Limit	Coverage	Limit
Personal Property:		Personal Liability:	
Deductible:		Medical Payments:	

See back of form for 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.

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED NOV 0 6 2012