

CERTIFICATE OF INSURANCE

Member Name ADDR 1 ADDR 2 ADDR 3

<date></date>		
PLEASE NOTE:		
If the need of this Certificate is discontinued before	ore its expiration, please check t	he box below and return to:
Mail: [USAA Company]		
9800 Fredericksburg Road		
San Antonio, Texas 78288		
\square Discontinue issuing this Certificate of Insuranc	е	
The [USAA Company Name]	of S	an Antonio, Texas, does hereby
certify that the policyholder named above is insu	red as follows:	
Auto Dolicy Number	Vehicle Year Model & Trade N	ame VIN
Auto Policy Number <pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	Vehicle 1>012	<vin></vin>
	70111010 1 012	
Effective from <pre><date></date></pre>	to <date></date>	(12:01 a.m. standard time)
<pre><date></date></pre>	<date></date>	
Limits of Liability Bodily Injury Liability	\$ each person/\$ each accider	nt
Property Damage Liability	\$ each accident	
This Certificate of Insurance is issued for informa	tion nurnoses only and confers	no rights upon the cartificate holder
This certificate of insurance is issued for information. This certificate does not amend, extend or alter t		= -
policies referenced herein by [Company Name		
If the [Company Name] elects to cancel this police given to:	cy, the same advance notice as	we give to the named insured will be
Employer Name		
Employer Name Employer Address Line 1 Employer Address Line 2		