117961

CERTIFICATE OF INSURANCE

ALLSTATE INSURANCE COMPANY

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.

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date
Limit			**Amount**
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)			$
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT			$
PERSONAL AND ADVERTISING INJURY LIMIT			$
EACH OCCURRENCE LIMIT			$
PHYSICAL DAMAGE LIMIT			$ ANY ONE LOSS
MEDICAL EXPENSE LIMIT			$ ANY ONE PERSON

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 27 2012

WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	Policy Number	Effective Date	Expiration Date
Coverage	**Limits**		
WORKERS' COMPENSATION	STATUTORY - applies only in the following states:		
EMPLOYERS' LIABILITY	BODILY INJURY BY ACCIDENT	$	EACH ACCIDENT
	BODILY INJURY BY DISEASE	$	EACH EMPLOYEE
	BODILY INJURY BY DISEASE	$	POLICY LIMIT

AUTOMOBILE LIABILITY	Policy Number	Effective Date	Expiration Date
Coverage Basis	**Limits**		
☐ ANY AUTO ☐ OWNED AUTOS ☐ HIRED AUTOS	**Combined Single Limit of Liability**		
	BODILY INJURY & PROPERTY DAMAGE	$	EACH ACCIDENT
☐ SPECIFIED AUTOS ☐ NON-OWNED AUTOS	**Split Liability Limits**		
	Bodily Injury	**Property Damage**	**Each**
☐ OWNED PRIVATE PASSENGER AUTOS	$		PERSON
☐ OWNED AUTOS OTHER THAN PRIVATE PASSENGER	$	$	ACCIDENT

UMBRELLA LIABILITY	Policy Number	Effective Date	Expiration Date
EACH OCCURRENCE	GENERAL AGGREGATE	PRODUCTS - COMPLETED OPERATIONS AGGREGATE	
$	$	$	

OTHER (Show type of Policy)	Policy Number	Effective Date	Expiration Date

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CANCELLATION

Authorized Representative

Date

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Allstate Insurance Company