

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

NAME AND ADDRESS OF INSURED



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY		
WORKERS COMPENSATION			COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:		
			EMPLOYERS LIABILITY		
			Bodily Injury by Accident	<small>Each Accident</small>	
			Bodily Injury By Disease	<small>Policy Limit</small>	
				Bodily Injury By Disease	<small>Each Person</small>
GENERAL LIABILITY			BODILY INJURY	PROPERTY DAMAGE	
<input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Schedule <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Independent Contractors / Contractors protective <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Owners' & Contractors' protective liability policy <input type="checkbox"/>			\$ Each Occurrence	\$ Each Occurrence	
			\$ Aggregate	\$ Aggregate	
			Combined Single Limit Bodily Injury and Property Damage		
			\$ Each Occurrence	\$ Aggregate	
			Other	Other	
AUTOMOBILE LIABILITY			Bodily Injury — Each Person		
<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			B.I. and P.D. Combined Each Person		
			Each Accident or Occurrence		
			Each Accident or Occurrence		
			Each Accident or Occurrence		
ADDITIONAL COMMENTS:					
Location(s) of Operations & Job # (if applicable)			Description of Operations:		

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

NOTICE OF CANCELLATION: THE COMPANY WILL NOT TERMINATE OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNLESS _____ DAYS NOTICE OF SUCH TERMINATION OR REDUCTION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 3 0 2012**

Certificate Holder

AUTHORIZED REPRESENTATIVE

OFFICE TELEPHONE DATE ISSUED