

116 882

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

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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	POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input type="checkbox"/> POLICY TERM			
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			Schedule Limits of Liability	Personal Injury and Property Damage Limit <small>Each Occurrence</small>
				General Aggregate Limit
				Products / Completed Operations Aggregate Limit
				Other
				Other
AUTOMOBILE LIABILITY				Each Accident—Single Limit B.I. And P.D. Combined
				Each Person
				Each Accident or Occurrence
				Each Accident or Occurrence
OTHER				
ADDITIONAL COMMENTS				

* 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.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST _____ DAYS NOTICE OF SUCH CANCELLATION IS RECEIVED BY THE POLICYHOLDER.

Liberty Mutual Insurance Group

TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 JAN 30 2012

Certificate Holder

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AUTHORIZED REPRESENTATIVE		
OFFICE	PHONE NUMBER	DATE ISSUED