Com	mercial Certificate o	of Liability	Insuranc	е	HSUBAMERS HSUBAMER GROUP	FARMERS	
Agency				Issue Date	(MM/DD/YY)		
Name						only and confers no right	
& Address	5					affirmatively or negativel	
			-		•	the policies shown below ontract between the issuin	
St		gent			esentative or producer, a		
Insured				Companie	es Providing Coverage (NAI	C #):	
Name	Company Letter A Truck Insurance Exchange 21709						
94					ompany Letter B Farmers Insurance Exchange 21652		
Address				Company Letter C Mid-Century Insurance Company 2168 Company Letter D			
Covera	oes .			company Le			
indicated certification and control Co. Add	to certify that the policies of ind. Notwithstanding any require te may be issued or may pertain, ditions of such policies. Limits s	ement, term or co the insurance affo hown may have be	ondition of a orded by the p	ny contract o policies descri	or other document with bed herein is subject to	h respect to which this all the terms, exclusions	
Ltr. Insr	d. Type of insurance	Policy Number		Date (MM/DD/YY)	Policy Lin	nits	
	General Liability Commercial General Liab.	TEXAGO	APT. OF IN	BURANCE	Each Occurrence	\$	
	Businessowners Liability	A	ustin, tex	AS	Damage To Rented Premises (Ea. Occur.)	\$	
		AF	PROV	ED	Medical Expenses (Any one person)	\$	
	Claims Made Occurrence		JEC 2 () 20	11	Personal & Adv. Injury	\$	
	General Aggregate Limit Applies:				General Aggregate	\$	
	Per Location Per Project				Prod./Comp. Ops. Aggr	. \$	
	Automobile Liability				Combined Single Limit	\$	
	Any Auto				(Each accident) Bodily Injury	s	
	All Owned Autos				(Per person)	•	
	—— Hired Autos —— Non-Owned Autos				Bodily Injury (Per accident)	3	
	Non-Owned Autos				Property Damage (Per accident)	\$	
	Garage Liability				Auto Only-Ea. Accident		
	Any Auto				Other Than Each Accident	i.	
	Umbrella Liability				Aggregate	\$	
	Retention \$				Limit	\$	
	Workers' Compensation and				Statutory		
	Employers' Liability				Each Accident	\$	
					Disease - Ea. Employee	\$	
	/7/	(7)	(0		Disease - Policy Limit	\$	
Descri	ption of Operations/Vehicle	es/Restrictions	/Special ite	ems:			
Certific	cate Holder		Cance				
				_		policies be cancelled	
Name				before the expiration date thereof, notice will be delivered in accordance with the policy provisions.			
& Address			accord	urice with the	c policy provisions.		

Authorized Representative

IMPORTANT

If the certificate holder is an additional insured, the policy(ies) must be so endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Commercial Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by any policies listed thereon.

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