

118005



# Certificate of Insurance

Date of Certificate

Named Insured and Address:

Interested Party Name and Address:

Policy Number

Policy Period to

(12:01A.M. Local Time)

(12:01A.M. Local Time)

**For Informational Purposes Only - This Certificate of Insurance neither affirmatively or negatively amends, extends, or alters the coverage afforded by this policy.**

During the term of coverages provided, the Company and the insured shall be bound by the provisions of the policy (or policies) of insurance in current use by the Company in the State.

*This is to certify that the captioned policy includes the limits specified herein for each person and for each occurrence under the Bodily Injury Liability Coverage; the limits specified herein for each occurrence under the Property Damage Liability Coverage; and limits specified herein for each person and for each occurrence for Bodily Injury under the Uninsured Motorists Coverage.*

Description of Vehicle:

Description of Vehicle:

COVERAGE	LIMITS OF COVERAGE	LIMITS OF COVERAGE
Bodily Injury Liability	\$ M and \$ M (Each Person) (Each Occurrence)	M and \$ M (Each Person) (Each Occurrence)
Property Damage Liability	\$ (Each Occurrence)	(Each Occurrence)
Uninsured Motorists (Bodily Injury)	\$ M and \$ M (Each Person) (Each Occurrence)	M and \$ M (Each Person) (Each Occurrence)
	\$ _____	\$ _____
	\$ _____	\$ _____

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

### INTERESTED PARTY

Notice of cancellation will be provided in accordance with the policy terms and conditions.