



CERTIFICATE OF INSURANCE

ACCOUNT NUMBER

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.

Name and Address of  
 Certificate Holder

XXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX

Name and Address  
 of the Insured

XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX

**TEXAS DEPT. OF INSURANCE  
 AUSTIN, TEXAS  
 APPROVED  
 MAR 23 2012**

This certificate is issued on XXXXXX and is effective until XXXXXX. It certifies that policies of insurance listed below have been issued to the insured named above. 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. Limits shown may have been reduced by paid claims.

Coverage Provided	Policy Number	Coverage Limits	
WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	00-00000-00	STATUTORY	
		EACH ACCIDENT	\$0,000,000
		EACH DISEASE/EMPLOYEE	\$0,000,000
GENERAL LIABILITY	00-00000-00	EACH DISEASE/POLICY	\$0,000,000
		GENERAL AGGREGATE	\$0,000,000
		PRODUCTS AGGREGATE	\$0,000,000
		PER/ADV INJURY	\$0,000,000
		EACH OCCURRENCE	\$0,000,000
BODILY INJURY AND PROPERTY DAMAGE COMBINED	00-00000-00	PREMISES DAMAGE	\$0,000,000
		MEDICAL EXPENSE	\$0,000,000
		EACH ACCIDENT	\$0,000,000
AUTOMOBILE LIABILITY INCLUDES: BODILY INJURY AND PROPERTY DAMAGE COMBINED -ANY AUTO	00-00000-00		

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

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 Company Representative