

**SENTRY SELECT INSURANCE COMPANY**  
P.O. Box 8024  
Davenport, IA 52808-8024

**CERTIFICATE OF INSURANCE**  
This Certificate of Insurance is subject to all of the provisions, terms and conditions, including endorsements of any policies described herein and neither affirmatively nor negatively amends, extends or alters the coverages afforded by such policies.

**Named Insured and Address**

The following described policies in the name of:

have been issued by the company with respect to the coverages, and limits of liability indicated by specific entry herein.

TYPE OF COVERAGE	POLICY PERIOD	POLICY NUMBER	LIMITS
<b>General Liability</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owner's & Contractor's Prot. <input type="checkbox"/> _____	Eff.  Exp.		General Aggregate \$ Products-Comp/Ops Aggregate \$ Personal & Advertising Injury \$ Each Occurrence \$ Fire Damage (Any one fire) \$ Medical Expense (Any one person) \$
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability	Eff.  Exp.  Eff. Exp.		Business Auto – combined Single Limit Per Accident \$ Garage Operations auto Only Per Accident \$ Garage Operations Other Than Auto Only Per Accident \$ Garage Operations Other Than Auto Only Aggregate \$
<b>Excess Liability</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella	Eff. Exp.		Each Occurrence \$ General Aggregate \$ Products-Comp/Ops Aggregate \$
<b>Workers' Compensation And Employers' Liability</b>	Eff. Exp.		Statutory Limits Each Accident \$ Disease – Policy Limit \$ Disease – Each Employee \$
<b>Other</b>	Eff. Exp.		TEXAS DEPT OF INSURANCE AUSTIN, TEXAS APPROVED MAR 23 2012

Description of Operations / Locations / Vehicles / Restrictions / Special Items

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE ISSUED TO (Name and Mailing Address)

\_\_\_\_\_  
Company Representative

DATE ISSUED