

CERTIFICATE OF INSURANCE LIMITED FORM BOBTAIL LIABILITY

Named Insured:

Insurance Company:
Redpoint County Mutual Insurance
Company
Home Office:
13215 Bee Cave Pkwy.,
Blg B, Ste 150
Austin TX 78738

Producing Agent:

**THIS CERTIFICATE IS ISSUED FOR INFORMATIONAL PURPOSES ONLY.
THE INSURANCE COVERAGE PROVIDED UNDER THIS CERTIFICATE IS SUBJECT TO ALL TERMS, CONDITIONS, AND EXCLUSIONS OF THE
POLICIES IDENTIFIED BELOW.**

TYPE OF INSURANCE	INSURANCE COMPANY POLICY NUMBER	POLICY TERM	COVERAGE
Limited Form Bobtail Liability			BODILY INJURY AND PROPERTY DAMAGE LIABILITY CSL / Occurrence
Commercial Excess Liability		Eff. Exp.	\$ CSL / Occurrence

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
03/11/2021**

COVERAGE IS AFFORDED TO THE FOLLOWING DESCRIBED VEHICLE(S):

FLEET #: UNIT #: YEAR: MAKE: SERIAL / VIN #: TRACTOR REGISTERED:	
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CERTIFICATE HOLDER

LESSEE
MOTOR
CARRIER
NAME
AND
ADDRESS

AUTHORIZED REPRESENTATIVE _____

IMPORTANT – PLEASE READ BELOW

1. THIS **CERTIFICATE OF INSURANCE** IS ISSUED BASED ON A WARRANTY BY THE **NAMED INSURED** THAT THE **COVERED AUTO** PERMANENTLY LEASED TO THE **LESSEE MOTOR CARRIER** IDENTIFIED ABOVE. ALL COVERAGE EXPIRES IF THE LEASE HAS BEEN CANCELLED OR TERMINATED BY EITHER THE **NAMED INSURED** OR THE **LESSEE MOTOR CARRIER**. THIS **CERTIFICATE OF INSURANCE** DOES NOT AMEND, EXTEND OR ALTER ANY COVERAGE AFFORDED BY THE POLICIES.
2. **CLAIMS REPORTING:** REPORT ALL NON-TRUCKING LIABILITY **ACCIDENTS** IMMEDIATELY TO THE **LESSEE MOTOR CARRIER**, AND THEN TO HUDSON INSURANCE COMPANY CLAIMS AT 1-844-338-5001.
3. THE **NAMED INSURED** OR THE **LESSEE MOTOR CARRIER** MAY TERMINATE THIS **CERTIFICATE OF INSURANCE** BY ADVISING THE PRODUCING AGENT IN ADVANCE OF THE DESIRED DATE OF TERMINATION.

QUESTIONS OR PROBLEMS CONCERNING THIS CERTIFICATE SHOULD BE DIRECTED TO THE PRODUCING AGENT