

VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose. FAX (A/C, No): (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC# INSURED **INSURER A: INSURER B:** INSURER C INSURER D : INSURER E: **DESCRIPTION OF VEHICLE OR EQUIPMENT** MAKE / MANUFACTURER BODY TYPE VEHICLE IDENTIFICATION NUMBER MODEL DESCRIPTION **VEHICLE / EQUIPMENT VALUE** SERIAL NUMBER **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES). INSR ADD'L POLICY EFFECTIVE POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER LIMITS DATE (MM/DD/YYYY) DATE (MM/DD/YYYY) COMBINED SINGLE LIMIT VEHICLE LIABILITY \$ BODILY INJURY (Per person) \$ **BODILY INJURY (Per accident)** PROPERTY DAMAGE \$ **GENERAL LIABILITY FACH OCCURRENCE** \$ GENERAL AGGREGATE OCCURRENCE \$ \$ CLAIMS MADE INSR LOSS POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** DATE (MM/DD/YYYY) LIMITS / DEDUCTIBLE VEH COLLISION LOSS ☐ ACV ☐ AGREED AMT LIMIT \$ ☐ STATED AMT DED VEH COMP VEH OTC ☐ ACV ☐ AGREED AMT \$ LIMIT ☐ STATED AMT \$ DED **EQUIPMENT** ☐ ACV ☐ AGREED AMT \$ LIMIT BASIC BROAD □ RC ☐ STATED AMT DED \$ SPECIAL REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ADDITIONAL INTEREST CANCELLATION Select one of the following: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE The additional interest described below has been added to the policy(ies) listed herein by policy number(s) A request has been submitted to add the additional interest described below to the policy(ies) DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. listed herein by policy number(s). VEHICLE / EQUIPMENT INTEREST: TEXAS DEPT: OF ENSURANCE **DESCRIPTION OF THE ADDITIONAL INTEREST AUSTIN, TEXAS** NAME AND ADDRESS OF ADDITIONAL INTEREST ADDITIONAL INSURED LOSS PAYEE APPROVED LENDER'S LOSS PAYABLE LOAN / LEASE NUMBER JUN 1 2 2015 **AUTHORIZED REPRESENTATIVE**

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