SW45288
TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED



NOV 1 6 2017

## CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Named Insured:					
Producer:					
Insurer Name:					
Commercial General Liability					
Policy Number:					
Policy Effective Date:		Policy Expiration Date:			
Type of Coverage: (Occurrence or Claims-made, include Retroactive Date if claims-made)					
Limits of Insurance					
Each Occurrence:	\$				
Medical Expense:	\$	Any One Perso	n		
Damage To Premises Rented To You:	\$	Any One Premi	ses		
Personal And Advertising Injury:	\$	Any One Perso	n Or Organization		
General Aggregate:	\$				
Products-Completed Operations Aggregate:	\$				
General Aggregate Limit Applies Per:		y, Project, Location)			
Description of Endorsements/Special Provisions					

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## **Umbrella Liability**

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Policy Number:				
Policy Effective Date:		Policy Expiration Date:		
Type of Coverage:	(Occurrence or Claims-made, include Retroactive Date if claims-made)			
Self-Insured Retention:	\$			
Limits of Insurance				
Each Occurrence:		\$		
Personal And Advertising Injury:		\$ Any One Person Or Organization		
Aggregate (except with respect to "covered autos"):		\$		
Other:		\$		
Description of Endorsem	ents/Special Provisi	ions		
Other Liability				
Policy Number:				
Policy Effective Date:		Policy Expiration Date:		
Description of Coverage:	(Liquor Liability, Professional Liability)			
Type of Coverage:	(Occurrence or Claims-made, include Retroactive Date if claims-made)			
Limits of Insurance				
Each Occurrence:		\$		
Each Common Cause:		\$		
Aggregate:		\$		
Description of Endorsements/Special Provisions				

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## **Additional Insured Status**

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Certificate holder maintains Additional Insured Status for the box(es) checked below:						
General Liability	Umbrella Liability	Other Liability				
This certificate does not grant any coverage or rights to the certificate holder. If this certificate indicates that the certificate holder is an additional insured, the policy(ies) must either be endorsed or contain specific language providing the certificate holder with additional insured status. The certificate holder is an additional insured only to the extent indicated in such policy language or endorsement.						
Certificate Holder and Mailing Address:						
Authorized Representative:						
Date:						