

# Commercial Certificate of Liability Insurance



**FARMERS**

Agency

Issue Date (MM/DD/YY)

Name & Address

**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 shown below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.**

St. \_\_\_\_\_ Dist. \_\_\_\_\_ Agent \_\_\_\_\_

Insured

**Companies Providing Coverage (NAIC #):**

Name & Address

Company Letter **A** Truck Insurance Exchange 21709  
 Company Letter **B** Farmers Insurance Exchange 21652  
 Company Letter **C** Mid-Century Insurance Company 21687  
 Company Letter **D** \_\_\_\_\_

## Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period 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 policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Add'l. Insrd.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
		<b>General Liability</b> <input type="checkbox"/> Commercial General Liab. <input type="checkbox"/> Businessowners Liability  <input type="checkbox"/> Claims Made Occurrence General Aggregate Limit Applies: <input type="checkbox"/> Per Location <input type="checkbox"/> Per Project	<b>TEXAS DEPT. OF INSURANCE                      AUSTIN, TEXAS                      APPROVED                      DEC 20 2011</b>			Each Occurrence \$ Damage To Rented Premises (Ea. Occur.) \$ Medical Expenses (Any one person) \$ Personal & Adv. Injury \$ General Aggregate \$ Prod./Comp. Ops. Aggr. \$
		<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				Combined Single Limit (Each accident) \$ Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage (Per accident) \$
		<b>Garage Liability</b> <input type="checkbox"/> Any Auto				Auto Only-Ea. Accident \$ Other Than Auto Only: Each Accident \$ Aggregate \$
		<b>Umbrella Liability</b> Retention \$				Limit \$
		<b>Workers' Compensation and Employers' Liability</b>				Statutory Each Accident \$ Disease - Ea. Employee \$ Disease - Policy Limit \$

**Description of Operations/Vehicles/Restrictions/Special items:**

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<p><b>Certificate Holder</b></p> <p>Name &amp; Address</p>	<p><b>Cancellation</b></p> <p>Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.</p>
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 Authorized Representative

**IMPORTANT**

If the certificate holder is an additional insured, the policy(ies) must be so endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**DISCLAIMER**

The Commercial Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by any policies listed thereon.