

TDI Link #
118518



Certificate of Workers'
Compensation Insurance

INSURED		AGENT NONE		
THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.				
The policy of insurance listed below has been issued to the insured named above for the policy period indicated. The insurance afforded by the policy described below is subject to all the policy's terms, conditions, and exclusions. Limits shown may have been reduced by paid claims.				
INSURER: TEXAS MUTUAL INSURANCE COMPANY				
Type of Policy	Policy Number	Effective Date	Expiration Date	Employers' Liability Limits
Workers' Compensation and Employers' Liability				Bodily Injury by Accident Each Accident
				Bodily Injury by Disease Policy Limit
				Bodily Injury by Disease Each Person
Description of operations/locations/exclusions added by endorsement /special provisions				
Certificate Holder		SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE ITS EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
AUTHORIZED REPRESENTATIVE			DATE ISSUED	

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED

JAN 30 2012