

	04	•		~			
TEXAS	DEPART			RANCE			
AUSTIN, TEXAS							
	AP	PROVE	D				

NOV 1 6 2017

Certificate of Insurance

This is to certify that Amica has issued to:

Name of Insured

Address

a policy of auto liability insurance which provides, subject to the provisions, conditions and limitations contained therein, and during its effective period, coverage as described below:

COVERAGE		LIMIT OF LIABILITY		
Liability (Bodily Injury and Property Damage): or		\$	Each Accident	
Bodily Injury Liability		\$	each person and, subject to that limit for each person,	
		\$	Each Accident	
Property Damage Liability		\$	Each Accident	
Policy No.	Effective Date	Expiration Date		

Description of Insured Auto:

The above policy contains a clause extending the coverage of the policy, subject to the policy terms, to any person while using the auto and any person or organization legally responsible for the use thereof, provided that the actual use is with the permission of the named insured.

In the event of any material change or cancellation of said policy, Amica will provide written notice in accordance with the policy terms and conditions, by regular mail, to:

at whose request this certificate is given.

This document is issued as a matter of information only and confers no rights upon the document holder. This Certificate of Insurance does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

Dated

Jinari Du

Authorized Representative

AA C 002 09 17