Logo

Policy number: <Policy number>
Underwritten by:
 <Underwriting Company Name>
NAIC Number: <NAIC#>
<1X Month DD, CCYY>
Page <2X> of <3X>

Certificate of Insurance

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
06/13/2021

Certificate Holder

<*1X>
<CERTIFICATE HOLDER NAME 1>
<*CERTIFICATE HOLDER NAME 2>
< CERTIFICATE HOLDER STREET ADDRESS 1>
<*CERTIFICATE HOLDER STREET ADDRESS 2>
<* CERTIFICATE HOLDER CITY, STATE ZIP>

Insured

<INSURED NAME>
<*SECOND NAMED INSURED NAME>
<*DBA NAME>
<INSURED STREET ADDRESS>
<INSURED CITY, STATE ZIP>

Agent

<AGENCY NAME>
<AGENCY STREET ADDRESS>
<AGENCY CITY, STATE ZIP>

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Effective Date: <1 Month DD, CCYY >   Policy Expiration Date: <2 Month DD, CCYY>

Policy Effective Date: <1 Month DD, CCYY >   Policy Expiration Date: <2 Month DD, CCYY>

Insurance coverage(s)   **Limits**

<Coverage description>   <Coverage limits>   <Coverage deductibles>

Commercial General Liability coverage part

Description	Limits	
Limited General Liability - <1xx>	<Each Occurrence Limit>/<General Aggregate Limit >	
<Each Occurrence Description>	<Each Occurrence Limit>	
<General Aggregate Description>	<General Aggregate Limit>	
<Product/Completed Operations Description>	<Product/Completed Operations Limit>	

Motor Truck Cargo coverage part

Description	Limits	Deductible	
\<Truck Cargo Description\>	\<Truck Cargo Limit\>	\<Truck Cargo Deductible\>	
\<Breakdown Description\>	\<Breakdown Limit\>	\<Breakdown Deductible\>	

Blanket Additional Insured
Blanket Waiver of Subrogation

Description of Location/Vehicles/Special Items

Scheduled autos only

\<Year\> \<Make\> \<Model\> \<Identification Number\>

\<Year\> \<Make\> \<Model\> \<Identification Number\>

Stated Amount \<$XXXXX.XX\>

\<Coverage description\>   \<Coverage limits\>

\<Special Verbiage\>

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.
Please be advised that certificate holders will be notified in the event of a mid-term cancellation.

\<Signature\>

Form 5241 (05/16)