

Link# 127596

CERTIFICATE OF INSURANCE	DATE: 7/23/13
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PRODUCER: Preferred Professional Insurance Company® P. O. Box 540658 Omaha, NE 68154-0658	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
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INSURED: «ins_name» «ins_addr»	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">COMPANIES AFFORDING COVERAGE</th> </tr> <tr> <td style="width: 10%; padding: 5px;">COMPANY A</td> <td style="padding: 5px;">PREFERRED PROFESSIONAL INSURANCE COMPANY®</td> </tr> <tr> <td style="padding: 5px;">COMPANY B</td> <td style="padding: 5px;"></td> </tr> </table>	COMPANIES AFFORDING COVERAGE		COMPANY A	PREFERRED PROFESSIONAL INSURANCE COMPANY®	COMPANY B	
COMPANIES AFFORDING COVERAGE							
COMPANY A	PREFERRED PROFESSIONAL INSURANCE COMPANY®						
COMPANY B							

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	«polnum»	«eff_dt»	«expire_dt»	GENERAL AGGREGATE	\$«agg_limits»
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PRODUCTS COMP/OP AGG	\$
	<input checked="" type="checkbox"/> OCCURRENCE COVERAGE				PERSONAL AND ADV INJURY	\$
	<input type="checkbox"/> OWNERS & CONTRACTORS PROTECTION				EACH OCCURRENCE	\$«inc_limits»
	<input checked="" type="checkbox"/> CLAIMS MADE COVERAGE RETRO DATE «retro_dt»				FIRE DAMAGE (ANY ONE FIRE)	\$
					MED EXPENSE (ANY ONE PERSON)	\$
	PROFESSIONAL LIABILITY				EACH MEDICAL INCIDENT	
	<input type="checkbox"/> CLAIMS MADE				ANNUAL AGGREGATE	
	<input type="checkbox"/> OCCURRENCE					

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JUL 30 2013**

CERTIFICATE HOLDER	CANCELLATION
«chname» «chattn» «chaddr»	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE James McCoy, Vice President, Insurance Operations Div.