

CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Producer:	Named Insured: TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS
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APPROVED

General Liability		SEP 23 2011
Insurer Name:		
Policy Number:		
Type Of Coverage: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made Retroactive Date (if claims-made):		
Policy Effective Date:		Policy Expiration Date:
Limits Of Insurance		
\$	Each Occurrence	
\$	Damage To Premises Rented To You (any one premises)	
\$	Medical Expense (any one person)	
\$	Personal And Advertising Injury	
\$	General Aggregate	
\$	Products/Completed Aggregate	
General Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location		

Automobile Liability		
Insurer Name:		
Policy Number:		
<input type="checkbox"/> 1 – Any Auto	<input type="checkbox"/> 2 – Owned Autos Only	<input type="checkbox"/> 3 – Owned Priv. Pass. Autos Only
<input type="checkbox"/> 4 – Owned Autos Other Than Priv. Pass. Autos Only	<input type="checkbox"/> 5 – Owned Autos Subject To No-fault	<input type="checkbox"/> 6 – Owned Autos Subject To A Compulsory UM Law
<input type="checkbox"/> 7 – Specifically Described Autos	<input type="checkbox"/> 8 – Hired Autos Only	<input type="checkbox"/> 9 – Non-owned Autos Only
Policy Effective Date:		Policy Expiration Date:
Limits Of Insurance		
\$	Combined Single Limit (each accident)	
\$	BI Per Person	\$ BI Per Accident
		\$ PD Per Accident

Umbrella Liability	
Insurer Name:	
Policy Number:	
Type Of Coverage: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made Retroactive Date (if claims-made):	
Policy Effective Date:	Policy Expiration Date:
Deductible: \$	Self-insured Retention: \$
Limits Of Insurance	
\$	Each Occurrence
\$	Personal And Advertising Injury
\$	General Aggregate (other than a covered auto)

Excess Liability	
Insurer Name:	
Policy Number:	
Self-insurance:	
Type Of Coverage: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made Retroactive Date (if claims-made):	
Policy Effective Date:	Policy Expiration Date:
Limits Of Insurance	
\$	Each Occurrence
\$	Aggregate

Workers' Compensation And Employer's Liability	
Insurer Name:	
Policy Number:	
Proprietors/Partners/Executive Officers Are: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	
Policy Effective Date:	Policy Expiration Date:
Limits Of Insurance	
Workers' Compensation: <input type="checkbox"/> Statutory <input type="checkbox"/> Other:	
Employer's Liability:	\$ Employer's Liability – Disease Policy Limit
	\$ Employer's Liability – Disease (Each Employee) Limit
	\$ Employer's Liability – Each Accident Limit

Professional Liability	
Insurer Name:	
Description Of Coverage:	
Policy Number:	
Type Of Coverage: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made Retroactive Date (if claims-made):	
Policy Effective Date:	Policy Expiration Date:
Limits Of Insurance	
\$	Each Occurrence
\$	Aggregate

Description Of Operations/Locations/Vehicles/Endorsements/Special Provisions

Additional Insured Status		
<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> Umbrella Liability
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Professional Liability	
<p>THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.</p>		

Certificate Holder:	Date:
Authorized Representative:	