



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
DESCRIPTION				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
		<input type="checkbox"/> VEHICLE LIABILITY				COMBINED SINGLE LIMIT	\$			
						BODILY INJURY (Per person)	\$			
						BODILY INJURY (Per accident)	\$			
						PROPERTY DAMAGE	\$			
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$			
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$			
		<input type="checkbox"/> CLAIMS MADE					\$			
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE				
		<input type="checkbox"/> VEH COLLISION LOSS	TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED NOV 18 2011			<input type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT	
		<input type="checkbox"/> VEH COMP		<input type="checkbox"/> VEH OTC			<input type="checkbox"/> STATED AMT		\$	DED
		<input type="checkbox"/> VEH COLLISION LOSS					<input type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT
		<input type="checkbox"/> VEH COMP		<input type="checkbox"/> VEH OTC			<input type="checkbox"/> STATED AMT		\$	DED
		<input type="checkbox"/> PROPERTY				<input type="checkbox"/> ACV	<input type="checkbox"/> AGREED AMT	\$	LIMIT	
		<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD			<input type="checkbox"/> RC	<input type="checkbox"/> STATED AMT	\$	DED	
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>		\$	DED	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED			DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST			<input type="checkbox"/> ADDITIONAL INSURED		<input type="checkbox"/> LOSS PAYEE
			<input type="checkbox"/> LENDER'S LOSS PAYEE		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE		

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