

117999



CERTIFICATE OF INSURANCE - COMMERCIAL

ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL

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.

INTERESTED PARTY TYPE: CERTIFICATE HOLDER

Comments:

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
	Location Address (if different than above)

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

TYPE OF INSURANCE AND LIMITS

Policy Number:	Effective Date:	Expiration Date:
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COVERAGE SUMMARY

GENERAL LIABILITY	AMOUNT
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)	\$
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$
PERSONAL AND ADVERTISING INJURY LIMIT	\$
EACH OCCURRENCE LIMIT	\$
PHYSICAL DAMAGE LIMIT	\$ ANY ONE LOSS
MEDICAL EXPENSE LIMIT	\$ ANY ONE PERSON

PROPERTY INSURANCE		Amount	
<input type="checkbox"/> BUILDING	\$	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> CONTENTS	\$	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Actual Cash Value
<input type="checkbox"/> Basic Form		<input type="checkbox"/> Deductible	\$
<input type="checkbox"/> Broad Form		<input type="checkbox"/> Deductible	\$
<input type="checkbox"/> Special Form		Wind Deductible	%
		Exclude Wind	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL COVERAGE'S:

MORTGAGE CLAUSE - The policy contains a Mortgage Clause in favor of:

Mortgagee

Address

CERTIFICATE PERIOD

THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.

POLICY INCEPTION DATE: 12:01 AM 12:00 NOON

Standard Time at the location of the Insured premises.

PROVISIONS

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.

Authorized Representative	Date
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TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 28 2012