

TEXAS DEPARTMENT OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 JUN 12 2012



#120953

CERTIFICATE OF COVERAGE

DATE (MM/DD/YY)

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 AS SHOWN BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN PCAT, THE AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: _____ FAX: _____	CARRIER AFFORDING COVERAGE CARRIER A: Property Casualty Alliance of Texas (PCAT) CARRIER B: _____
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COVERED MEMBER

COVERAGES

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE COVERAGE 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 COVERAGES DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CARRIER LTR	TYPE OF COVERAGE	ADDL INSR	MEMBER NUMBER	EFF DATE (MM/DD/YY)	EXP DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY					
	<input type="checkbox"/> General Liability	<input type="checkbox"/>				Each Occurrence \$
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurance					Fire Damage (Any one fire) \$
	<input type="checkbox"/> _____					Med Exp (Any one person) \$ -0-
	<input type="checkbox"/> _____					Personal & Adv Injury \$
	General Aggregate Limit Applies Per:					General Aggregate \$
	<input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc					Products - Comp/Op Agg \$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> Any Auto	<input type="checkbox"/>				Combined Single Limit (Each Accident) \$
	<input type="checkbox"/> All Owned Autos					Bodily Injury (Per Person) \$
	<input type="checkbox"/> Scheduled Autos					Bodily Injury (Per Accident) \$
	<input type="checkbox"/> Hired Autos					Property Damage (Per Accident) \$
	<input type="checkbox"/> Non-Owned Auto					
	<input type="checkbox"/> _____					
	OTHER					\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
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