



121651

Operations Address
Operations Phone #

POLICY INFORMATION FORM

This document is issued as a matter of information only and confers no rights upon the document holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy. We hereby certify that insurance coverage is now in force with our Company as outlined below.

TITLE OF INSURED:

Policy No: _____ **Effective:** _____

Account No: _____ **Expires:** _____

Description & Location of Property Covered: _____ **Index No:** _____

Real and Personal Property _____ **Ins. Loc:** _____

COVERAGE IN FORCE: (Subject to limits of liability, deductibles and all conditions in the policy)

Insurance Provided: PROPERTY DAMAGE	Peril: ALL RISK	Limit of Liability:
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THIS POLICY INSURES THE FOLLOWING KINDS OF PROPERTY:

With respects to Personal Property.

Mailing:

PIF Number:

Authorized Signature/Issue Date

For questions, contact:

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
AUG 08 2012