

#S3469



**Certificate of Insurance**

Named Insured and Address:

Date of Certificate:

Policy Number:

Policy Period: \_\_\_\_\_ to \_\_\_\_\_  
(12:01 A.M. Standard Time) (12:01 A.M. Standard Time)

Name and Address:

**For Informational Purposes Only - This Certificate of Insurance neither affirmatively or negatively amends, extends, or alters the coverage afforded by this policy.**

During the term of coverages provided, the Company and the insured shall be bound by the provisions of the policy (or policies) of insurance in current use by the Company in the state.

*This is to certify that the captioned policy includes the limits specified herein for each person and for each occurrence under the Bodily Injury Liability Coverage; the limits specified herein for each occurrence under the Property Damage Liability Coverage; the limits specified herein for each person and for each occurrence for Bodily Injury under the Uninsured/Underinsured Motorists Coverage; and limits specified herein for each occurrence under the Uninsured/Underinsured Motorist Property Damage.*

Description of Vehicle:

Description of Vehicle:

COVERAGE	LIMITS OF COVERAGE	LIMITS OF COVERAGE
<b>Bodily Injury Liability</b>	<b>\$ M and \$ M</b> (Each Person) (Each Occurrence)	<b>\$ M and \$ M</b> (Each Person) (Each Occurrence)
<b>Property Damage Liability</b>	<b>\$</b> (Each Occurrence)	<b>\$</b> (Each Occurrence)
<b>Uninsured/Underinsured Motorists(Bodily Injury)</b>	<b>\$ M and \$ M</b> (Each Person) (Each Occurrence)	<b>\$ M and \$ M</b> (Each Person) (Each Occurrence)
<b>Uninsured/Underinsured Motorists Property Damage</b>	<b>\$</b> (Each Occurrence)	<b>\$</b> (Each Occurrence)

**INTERESTED PARTY**

Notice of cancellation will be provided in accordance with the policy terms and conditions.

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JUN 16 2014**