



**Certificate of Insurance**

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
07/14/2021

Named Insured and Address:

Date of Certificate:

Policy Number:

Policy Period: to  
(12:01 A.M. Local Time) (12:01 A.M. Local Time)

Interested Party 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.

Description of Vehicle:

Description of Vehicle:

<b>COVERAGE</b>	<b>LIMITS OF COVERAGE</b>	<b>LIMITS OF COVERAGE</b>
<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)

**INTERESTED PARTY**

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