

CERTIFICATE OF INSURANCE

Issue Date:

Trisura Insurance Company
[ADDRESS]

Agency

Insured

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Type of Insurance:	Policy No:	Policy Prem:	Effective Date:	Expiration Date:
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Prop Loc:

SECTION I - PROPERTY COVERAGE LIMITS		SECTION II - LIABILITY COVERAGE LIMITS	
C PERSONAL PROPERTY	D LOSS OF USE	E PERSONAL LIABILITY	F MEDICAL PAYMENTS TO OTHERS

Loss Deductible for Section I: _____ **Wind/Hail Deductible:** _____

COVERAGE FORMS	FORM NUMBERS
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CERTIFICATE HOLDER	CANCELLATION
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THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE CERTIFICATE HOLDER SHOWN TO THE LEFT AT LEAST 30 DAYS WRITTEN NOTICE (EXCEPTION FOR NONPAYMENT OF ONLY 10 DAYS), AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

AUTHORIZED REPRESENTATIVE:

[SIGNATURE]