

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2012

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 BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				dorsei	nent. A state	ement on thi	s certificate does not co	onfer ri	ghts to the	
PRO	DUCER		.,		CONTAC NAME:	Insuranc	e Agency C	Contact			
Insurance Agency						PHONE FAX (A/C, No, Ext): (A/C, No):					
Street or PO Box						E-MAIL ADDRESS:					
City	STZIP				ADDRE		URER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURE	RA:AMBEST	Γ Rating Co	mpany - A-VII		0	
INSURED					INSURER B:						
Subcontractor					INSURER C:						
Street or PO Box City ST ZIP					INSURER D:						
S., S. Z						INSURER E:					
						INSURER F:					
		TIFICATE NUMBER: 1600928639			REVISION NUMBER: /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					101/ 555105	
IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F	QUII PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF AN	Y CONTRACT	OR OTHER S DESCRIBEI	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR	XCLUSIONS AND CONDITIONS OF SUCH F TYPE OF INSURANCE	ADDL	SUBR		BEEN	POLICYEFF POLICYEXP (MWDD/YYYY) (MWDD/YYYY) LIMI		'S			
A	GENERAL LIABILITY	INSK	WVD	Policy #			1/1/2013	EACH OCCURRENCE	\$1,000,	000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,000	50	
							-	PERSONAL & ADV INJURY	\$1,000,	000	
							-	GENERAL AGGREGATE	\$1,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000		
	POLICY X PRO- JECT LOC								\$		
Α	AUTOMOBILE LIABILITY			Policy#		1/1/2012	1/1/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,	000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	X UMBRELLA LIAB X OCCUR			Policy #		1/1/2012	1/1/2013	EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREG			
	DED X RETENTION\$10,000			5 " "			. / . /	V WC STATU OTH	\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			Policy #		1/1/2012	1/1/2013	X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$1,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
	COROTAL Liability and Automobile po	•				•		2 CC 2010 07/04 CD 5		ΛΙ ΕΝΙΤΊ	
that incl end	General Liability and Automobile pos- includes additional insured status for ude a waiver of subrogation endorse lorsement [FORM #]. [Cancellation s JOB NAME/DESCRIPTION	r the	e Ce nt [F0	rtificate Holder. The Gen DRM #'S] in favor of the o	eral L	ability, Auto	mobile, and	Workers' Compensati	on poli	cies	
					0						
CE	RTIFICATE HOLDER		CANCELLATION								
Aubrey Independent School District 415 Tisdell Lane Aubrey TX 76227						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					

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Your authorized Signature