

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
00-00-00

PRODUCER
XYZ INSURANCE AGENCY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A XYZ INSURANCE COMPANIES

INSURED
YOUR NAME AND ADDRESS

COMPANY
B (COVERAGE MUST INDICATE WORLDWIDE)

COMPANY
C IF EXPOSURE EXISTS)

COMPANY
D

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	GL1234	00-00-00	00-00-00	GENERAL AGGREGATE \$2,000,000.
	PRODUCTS - COMP/OP AGG \$2,000,000.				
	PERSONAL & ADV INJURY \$1,000,000.				
	EACH OCCURRENCE \$1,000,000.				
	FIRE DAMAGE (Any one fire) \$ 50,000.				
	MED EXP (Any one person) \$				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AL1234	00-00-00	00-00-00	COMBINED SINGLE LIMIT \$1,000,000.
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	AUTO ONLY - EA ACCIDENT \$				
	OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC1234 (OR TWCC 83)	00-00-00	00-00-00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	EL EACH ACCIDENT \$1,000,000.				
	EL DISEASE - POLICY LIMIT \$1,000,000.				
A	OTHER EQUIPMENT	IM1234	00-00-00	00-00-00	\$250,000. LIMIT LEASED EQUIPMENT INCLUDING VACUUM TRUCKS

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECT TO ALL POLICIES EXCEPT WORKERS COMPENSATION. A WAIVER OF SUBROGATION APPLIES WITH RESPECT TO ALL POLICIES. CERTIFICATE HOLDER IS A LEIN WITH RESPECT TO LEASED EQUIPMENT.

CERTIFICATE HOLDER
STUTES ENTERPRISE SYSTEMS, INC.
1426 SENS RD. #5
LAPORTE, TX 77571

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE