

Policy Number:**Underwritten by:****NAIC Number:**

Certificate of Insurance

Certificate Holder**Insured****Agent**

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date:**Policy Expiration Date:**

Insurance Coverage(s)**Limits**

Description of Location/Vehicles/Special Items**Scheduled autos only****Limits**

Certificate Number

Please be advised we will not notify certificate holders in the event of mid-term cancellation.

A handwritten signature in black ink, appearing to read "F. P. Myer".

Form 5241 (05/16)