



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/13

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AAA Truck Agency Corporation 25303 N. Interstate 45 The Woodlands, TX 77380 Phone (281)367-9493 Fax (281)367-9521	CONTACT NAME: Scott
	PHONE (A/C, No, Ext): (281)367-9493 FAX (A/C, No): (281)367-9521 E-MAIL ADDRESS: scotts@aaatruckins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : LLOYDS OF LONDON	NAIC #
INSURER B : LLOYDS OF LONDON	
INSURER C :	
INSURER D :	
INSURER E : LLOYDS OF LONDON	
INSURER F :	


COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTINGENT <input checked="" type="checkbox"/> DEDUCTIBLE \$1000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			IRPI-GL-11-052	04/12/2013	04/12/2014	EACH OCCURRENCE	\$ 1,000,000.00	
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000.00						
		MED EXP (Any one person)	\$ 1,000.00						
		PERSONAL & ADV INJURY	\$ 1,000,000.00						
		GENERAL AGGREGATE	\$ 1,000,000.00						
		PRODUCTS - COMP/OP AGG	\$ 1,000,000.00						
			\$						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> CONTINGE <input type="checkbox"/>			IRPI-CL-12-085	04/12/2013	04/12/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00	
		BODILY INJURY (Per person)	\$						
		BODILY INJURY (Per accident)	\$						
		PROPERTY DAMAGE (Per accident)	\$						
			\$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
							E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
E	CONTINGENT CARGO		N	IRPI-MCC-11-084	04/12/2013	04/12/2014	DEDUCTIBLE \$1000	\$100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
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INSURANCE VERIFICATION ONLY	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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