

Please include the name of exhibiting company and company code at the bottom of this form!

CERTIFICATE OF INSURANCE		ABC 01234	Issue Date 12/15/2020		
PRODUCER ABC INSURANCE CO 1234 ALPHABET ST ALPHA, TX 77777	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				
YOUR COMPANY ADDRESS CITY, STATE ZIP (If Parent Company, please give Exhibiting Company name also so you can be identified.)	COMPANY	A Transportation Insurance Co.			
	COMPANY	B Transcontinental Insurance Co.			
	COMPANY	C			
	COMPANY	D			
COMPANY	E				
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 NUMBER	POLICY EFF. DATE	POLICY EXPIR. DATE	LIMITS	
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROT.	C123456789	01/01/21	12/31/21	GENERAL AGGREGATE	2,000,000
				PRODUCTS-COMP/OP AGG.	1,000,000
				PERSONAL & ADV. INJURY	1,000,000
				EACH OCCURRENCE	1,000,000
				FIRE DAMAGE (Any one fire)	50,000
				MED. EXP. (Any one person)	5,000
EMPLOYEE BENEFIT					
B AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C123456790			COMBINED SINGLE LIMIT	1,000,000
				BODILY INJURY	
				BODILY INJURY	
				PROPERTY DAMAGE	
C EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM	C123456791			EACH OCCURRENCE	3,000,000
				AGGREGATE	3,000,000
D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	C123456792			STATUTORY LIMITS	500,000
				EACH ACCIDENT	
				AGGREGATE LIMIT	500,000
E OTHER				DISEASE-EMPLOYEE	500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TIPS TPS 2021, December 14-16, 2021, Houston, Texas ***** Exhibiting company name required on this form!!!!					
CERTIFICATE HOLDER TURBOMACHINERY LABORATORY TAMU 3254 COLLEGE STATION, TX 77843-3254	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED 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				
(SIGNATURE)				_____ AUTHORIZED REPRESENTATIVE	