



# AUTOMOBILE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
07/16/2012

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.

This form is used to report coverages provided to a single specific vehicle. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> M.J. Kelly of Texas 3511 Jim Wright Freeway  Fort Worth TX 76106		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (A/C, No):</b>
<b>INSURED</b> Dan Arenberg DBA Dallas Minibus 3413 Parkhaven Dr. Plano TX 75075		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: National Liability & Fire		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

### DESCRIPTION OF AUTO

YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER

### COVERAGES

CERTIFICATE NUMBER:

NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	AUTO LIABILITY	73APR278337	7/14/2012	7/14/2013	COMBINED SINGLE LIMIT	\$ 500,000.00
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	DEDUCTIBLE
		COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
		COMPREHENSIVE OTHER THAN COLLISION				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
						<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
						<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### ADDITIONAL INTEREST

Select one of the following:

- The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

(For those policies above where a "Y" appears in the ADD'L INSRD column)

 LENDER  LESSOR 

NAME AND ADDRESS OF ADDITIONAL INTEREST

Dan Arenberg  
3413 Parkhaven Dr.

Plano TX 75075

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

 ADDITIONAL INSURED  LOSS PAYEE  
 LENDER'S LOSS PAYEEVEHICLE INTEREST:  LEASED VEHICLE  FINANCED VEHICLE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE *Jon Adam*

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