



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

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 Name of Insurance Group/Company	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CONTACT NAME:</td> <td colspan="2">Please enter Contact Name</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>Please enter Phone Number</td> <td>FAX (A/C, No): Fax Number</td> </tr> <tr> <td>E-MAIL ADDRESS:</td> <td colspan="2">Email</td> </tr> <tr> <td colspan="3" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurer</td> <td>NAIC #</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	CONTACT NAME:	Please enter Contact Name		PHONE (A/C, No, Ext):	Please enter Phone Number	FAX (A/C, No): Fax Number	E-MAIL ADDRESS:	Email		INSURER(S) AFFORDING COVERAGE			INSURER A:	Name of Insurer	NAIC #	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURED Organization Name Organization Address City, State, ZIP																															

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Must be a policy #, not a binder	00/00/00	00/00/00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">EACH OCCURRENCE</td> <td style="width: 20%; text-align: right;">\$ 1,000,000.00</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 500,000.00</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ #</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000.00	MED EXP (Any one person)	\$ #	PERSONAL & ADV INJURY	\$ #	GENERAL AGGREGATE	\$ #	PRODUCTS - COMP/OP AGG	\$ #		\$ #
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PRODUCTS - COMP/OP AGG	\$ #																				
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	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						<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">COMBINED SINGLE LIMIT (Ea accident)</td> <td style="width: 20%; text-align: right;">\$ #</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$ #</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ #</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ #	BODILY INJURY (Per person)	\$ #	BODILY INJURY (Per accident)	\$ #	PROPERTY DAMAGE (Per accident)	\$ #		\$ #				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Boerne ISD 235 Johns Road Boerne, Texas 78006	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. AUTHORIZED REPRESENTATIVE <div style="text-align: center;"> Signature </div>
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