



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 have ADDITIONAL INSURED provisions or 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		CONTACT NAME: Martha Delarosa	
Hutcherson Ins. Group LLC P.O. Box 2096		PHONE (A/C, No, Ext): (940) 382-9696	FAX (A/C, No): (866) 931-6829
		E-MAIL ADDRESS: martha@hutchinsure.net	
		INSURER(S) AFFORDING COVERAGE	
Denton	TX 76202	INSURER A : THE HANOVER AMERICAN INSURANCE COMPANY	NAIC # 36064
INSURED		INSURER B : Progressive County Mutual	29203
AER Inc., DBA: Choice Medical Equipment 1173 Bent Oaks Dr.		INSURER C : Markel Insurance Company	38970F
		INSURER D :	
		INSURER E :	
Denton	TX 76210	INSURER F :	

## **COVERAGES**

**CERTIFICATE NUMBER:** CL2410317471

**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.

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION: 1173 BENT OAKS DR., DENTON, TX 76210

**CERTIFICATE HOLDER**

## CANCELLATION

Palmetto GBA (NPWest)  
P.O. Box 100142

Columbia

SC 29202-3142

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

Brian Hatchaway

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