

Insurance Certification

This is to certify that:

Name of Insured:	<input type="text"/>
Policy Number:	<input type="text"/>
Type of Insurance:	<input type="text"/>
Coverage Period:	<input type="text"/>
Insurer Name:	<input type="text"/>

Has been insured in accordance with the terms and conditions of the above policy.

Date of Issue:	<input type="text"/>
----------------	----------------------

Authorized Signature:

Company Stamp: