

ACORD®		CERTIFICATE OF INSURANCE			ISSUE DATE (MM/DD/YY):	
<b>PRODUCER</b> Your insurance provider information here		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.				
		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY <b>A</b>				
<b>INSURED</b> Your company name and address here		COMPANY <b>B</b>				
		COMPANY <b>C</b>				
		COMPANY <b>D</b>				
<b>COVERAGES</b>						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S POLICY (PRE)				<input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS-COMP/OP AGG \$ <input type="checkbox"/> PERSONAL ADV. INJUR \$ <input type="checkbox"/> FIDELITY & BOND \$ <input type="checkbox"/> FIDELITY & BOND (one firm) \$ <input type="checkbox"/> MED. EXPENSE (any one person) \$	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SHARED AUTOS <input type="checkbox"/> HIRED/AUTOB. <input type="checkbox"/> NON-OWNED AUTOS				<input type="checkbox"/> COMBINED SINGLE LIMIT \$ <input type="checkbox"/> BODILY INJURY (per person) \$ <input type="checkbox"/> BODILY INJURY (per accident) \$ <input type="checkbox"/> PHYSICAL DAMAGE \$	
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<input type="checkbox"/> AUTO ONLY - EA ACCIDENT \$ <input type="checkbox"/> OTHER THAN AUTO ONLY: <input type="checkbox"/> EACH ACCIDENT \$ <input type="checkbox"/> AGGREGATE \$ <input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$ <input type="checkbox"/> STATUTORY LIMITS	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE POLICY COVERS: <input type="checkbox"/> PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				<input type="checkbox"/> EACH ACCIDENT \$ <input type="checkbox"/> DISEASE-POLICY LIMIT \$ <input type="checkbox"/> DISEASE-EACH EMPLOYEE \$	
	<b>OTHER</b> Inland Marine Policy	Policy #	Start date	End date	Limit \$10,000 Deductible \$1,000	
<b>DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS</b> SAGA Geophysics, Inc. as "loss payee" covering "geophysical rented equipment" for "loss or damage" for \$10,000 (this value may vary depending on the rental from time to time) and showing a deductible less than \$1000.						
<b>CERTIFICATE HOLDER</b> SAGA Geophysics, Inc. 2121 Geoscience Dr. Austin, TX 78726			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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, IT'S AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE			

These fields are only for  
 liability insurance and DO  
 NOT cover rental  
 equipment