

Insurance Company Logo/Name Here

MEMBER CERTIFICATE OF INSURANCE

NAMED INSURED MEMBER:

Named Insured & Mailing Address **PRODUCER NAME**

(Campus Name) PTA

Company / Coverage	Policy #	Effective Dates	Deductible	Limits of Insurance	
Gotham Insurance Company / Commercial General Liability		10/1/21 - 10/1/22	\$ 0	Each Occurrence	\$1,000,000
				General Aggregate	\$2,000,000
				Products - COMP/OPS - Subject to General Aggregate	Included
				Personal & Advertising Injury	\$1,000,000
				Fire Damage (any one fire)	\$50,000
Gotham Insurance Company / Extended Medical Payments		10/1/21 - 10/1/22	\$ 0	Any One Person	\$5,000
Gotham Insurance Company / Professional Liability (Directors & Officers Liability)		10/1/21 - 10/1/22	\$ 0	Aggregate	\$1,000,000

Certificate Holder:
Denton Independent School District
1212 N Elm St
Denton, TX 76201

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any, complete the above numbered

AUTHORIZED REPRESENTATIVE _____ **(Signature Required)**
