

ACORD® CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER Texas Insurance Agency 456 Drive, City ST 12345 Jack Smith 214-567-8901	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.	
	COMPANIES AFFORDING COVERAGE	
INSURED ABC, Inc. 456 Street, City, ST 12345 Don Parker 214-999-7777	COMPANY A	Federal Insurance Agency
	COMPANY B	United States Insurance Agency
	COMPANY C	
	COMPANY D	

COVERAGES						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	12345555	1/1/2005	12/31/2005	GENERAL AGGREGATE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
B	AUTOMOBILE LIABILITY	98665852	1/1/2005	12/31/2005	<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT	* \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY	
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY	
	<input type="checkbox"/> HIRED AUTOS				(Per accident)	
<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					<input type="checkbox"/> EACH ACCIDENT	
					<input type="checkbox"/> AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	12345555	1/1/2005	12/31/2005	<input checked="" type="checkbox"/> STATUTORY LIMITS	* \$500,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICER ARE.				EACH ACCIDENT	* \$500,000
	<input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				DISEASE - POLICY LIMIT	
					DISEASE - EACH EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SPECIAL ITEMS
HYATT CORPORATION AND REUNION HOTEL. L.P. ARE ADDITIONAL INSURED; UNDER THE ABOVE POLICY SUCH INSURANCE SHALL BE PRIMARY AND NOT CONTRIBUTORY WITH HYATT'S INSURANCE AS RESPECT TO G. L. COVERAGE.

CERTIFICATE HOLDER	CANCELLATION
HYATT CORPORATION D/B/A HYATT REGENCY DALLAS 300 REUNION BOULEVARD DALLAS, TX 75207 ATTN: ENGINEERING DEPARTMENT NEKIAH TORRES PHONE (214) 712-7020 FAX (214) 712-7080	SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE