

118575

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

**CERTIFICATE OF INSURANCE**

This is to certify that we currently insure

(ADDRESS)

and that coverage is in force as indicated below.

POLICY NUMBER

POLICY PERIOD

FROM:

TO:

<input type="checkbox"/> AUTO LIABILITY - NON TRUCKING USE ONLY <input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> GENERAL LIABILITY (AUTOS DESCRIBED BELOW)		AUTO PHYSICAL DAMAGE (AUTOS DESCRIBED BELOW)		
LIABILITY INSURANCE	LIMITS OF LIABILITY	PHYSICAL DAMAGE INSURANCE	LIMIT	DEDUCTIBLE
BODILY INJURY	\$ .000 Each Person \$ .000 Each Accident	COMPREHENSIVE (COMP)	\$	\$
PROPERTY DAMAGE	\$ .000 Each Accident	SPECIFIED CAUSES OF LOSS (SCL)	\$	\$
COMBINED SINGLE LIMIT	\$ .000 Each Accident	COLLISION	\$	\$
	\$			

DESCRIPTION OF AUTO(S):

STATED LIMIT	COLLISION DEDUCTIBLE	COMP OR SCL DEDUCTIBLE
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This certificate is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the policy.

We will mail notice of cancellation in accordance with the policy terms and conditions.

NAME AND ADDRESS OF CERTIFICATE HOLDER

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
MAR - 5 2012**

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative