118576

SOUTHERN COUNTY MUTUAL INSURANCE COMPANY

CERTIFICATE OF INSURANCE LOSS PAYEE

This is to certify that you (certificate holder) are a loss payee under Policy No. issued to

for the policy period

from to This policy provides the coverages indicated for the

following auto(s):

YEAR	TRADE NAME	SERIAL NUMBER	STATED LIMIT	Coverage Provided if Deductible Shown		
				Comprehensive	Specified Causes of Loss	Collision
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			

This certificate is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the policy.

If we cancel the policy during the policy period, we will mail the "insured" and you the same advance notice.

If we make any payment to you, we will obtain your rights against any other party.

NAME AND ADDRESS OF CERTIFICATE HOLDER

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

DATE ISSUED _____

_____
Authorized Representative