12/605



APPROVED AUG 14 2012

TEXAS DEPARTE LA POP INSURANCE NOS INSTEXAS

TEXAS FARM BUREAU MUTUAL INSURANCE COMPANY
TEXAS FARM BUREAU UNDERWRITERS
TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY
FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEX
SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

**CERTIFICATE HOLDER:** 

CERTIFICATE OF INSURANCE FOR INFORMATION PURPOSES ONLY

## **POLICY NUMBER**

## **POLICY PERIOD**

THIS IS TO CERTIFY THAT THE POLICY (INCLUDING ENDORSEMENTS OF INSURANCE, AS DESCRIBED BELOW, HAS BEEN ISSUED BY THE UNDERSIGNED, TO THE INSURED NAMED BELOW, IS IN FORCE AT THIS TIME, AND HAS BEEN DULY COUNTERSIGNED. IF CANCELLED AT THE REQUEST OF EITHER PARTY, OR CHANGED IN ANY MANNER FOR () DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO THE CERTIFICATE HOLDER NAMED ABOVE.

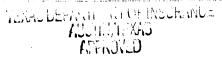
THE TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY OF WACO, TEXAS HEREBY CERTIFIES THAT THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED AND IS IN FORCE AND EFFECT:

**INSURED NAME AND ADDRESS** 

**DESCRIPTION OF RISK** 

60VED 468

COVERAGE	LIMITS OF LIABILITY
PUBLIC LIABILITY	BODILY INJURY/PROPERTY DAMAGE
( ) COMMERCIAL GENERAL LIABILITY	\$ EACH OCCURRENCE
() PREMISES AND OPERATIONS	\$ AGGREGATE
( ) CONTRACTORS PROTECTIVE	
() PRODUCTSCOMPLETED OPERATIONS	
( ) CONTRACTUAL - DESIGNATED CON	TRACTS ONLY
( ) EXCLUDES EXPLOSION, COLLAPSE	AND UNDERGROUND PROPERTY DAMAGE
HAZARD	
THIS CERTIFICATE OF INSURANCE NEITHER AFFIRM OR ALTERS THE COVERAGE OR ANY PROVISION AFFEXECUTED AND ISSUED IN DUPLICATE BY THE AFOR BELOW WRITTEN.	ORDED BY THE POLICY. THIS CERTIFICATE IS
DATE: -	



AUG 14 2012

TEXAS FARM BUREAU MUTUAL INSURANCE COMPANY
TEXAS FARM BUREAU UNDERWRITERS
TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY
FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEXAS
SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

TEXAS
FARM
BUREAU
INSURANCE

**CERTIFICATE OF INSURANCE**FOR INFORMATION PURPOSES ONLY

**CERTIFICATE HOLDER:** 

## **POLICY NUMBER**

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THE HEREBY CERTIFIES THAT THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED AND IS IN FORCE AND EFFECT:

**INSURED NAME AND ADDRESS** 

**DESCRIPTION OF RISK** 

COVERAGE	LIMITS OF LIABILITY		
FARM LIABILITY	\$ \$	EACH OCCURRENCE AGGREGATE	

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE OR ANY PROVISION AFFORDED BY THE POLICY. THIS CERTIFICATE IS EXECUTED AND ISSUED IN DUPLICATE BY THE AFORESAID COMPANY THE DAY AND DATE HEREIN BELOW WRITTEN.

DATE:

COI-FLGL