118575

SOUTHERN COUNTY MUTUAL INSURANCE COMPANY

CERTIFICATE OF INSURANCE LOSS PAYEE

This is to o	ertify that you (certificate	issued to					
					for the policy period		
from following a	to to		This policy	provides the cov	verages indicated	for the	
TRADE SERIAL			STATED	Coverage Provided if Deductible Shown			
YEAR	NAME	NUMBER	LIMIT	Comprehensive	Specified Causes of Loss	Collision	
	1		\$				
			\$				
			\$				
		·	\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
we cancel	cate is issued as a may the policy. the policy during the policy	licy period, we will mail will obtain your rights ac	the "insured" and yo	u the same advar		erage	
			DATE ISSUED				
TEXAS GEPT. GE INBUBANCE AUSTIN, TEXAS APPROVED			Authorized Representative				
	MAR = 52012						