118575

SOUTHERN COUNTY MUTUAL INSURANCE COMPANY

CERTIFICATE OF INSURANCE NAMED LESSEE

This is to certify that "you" (certificate holder) are a named lessee under policy shown below issued to

for the coverages indicated.

POLICY NUMBER

POLICY PERIOD FROM:

TO:

LIMITS OF LIABILITY ,000 Each Person ,000 Each Accident
•
,000 Lach Accident
,000 Each Accident
,000 Each Accident

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

IF AUTO LIABILITY COVERAGE IS INDICATED:

You are "insured" while using a covered "auto" in your business if the covered "auto" is leased by you in writing and the lease contains a written hold harmless agreement between you and the "insured" in which the "insured" assumes responsibility for "auto" liability "bodily injury" and "property damage."

N

NAME AND ADDRESS OF CERTIFICATE HOLDER

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D MAR - 52012 DATE ISSUED

Authorized Representative