

TEXAS DEPT. OF INSURANCE **S9302**  
 AUSTIN, TEXAS  
 APPROVED  
 OCT 14 2014

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

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

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