

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

**CERTIFICATE OF INSURANCE**

**TEXAS DEPT. OF INSURANCE**  
**AUSTIN, TEXAS**  
**APPROVED** 59302  
**OCT 14 2014**

This is to certify that we currently insure

(ADDRESS)

and that coverage is in force as indicated below.

POLICY NUMBER

POLICY PERIOD

FROM:

TO:

<input type="checkbox"/> AUTO LIABILITY - NON TRUCKING USE ONLY <input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> GENERAL LIABILITY (AUTOS DESCRIBED BELOW)		AUTO PHYSICAL DAMAGE (AUTOS DESCRIBED BELOW)			
LIABILITY INSURANCE	LIMITS OF LIABILITY	PHYSICAL DAMAGE INSURANCE	LIMIT	DEDUCTIBLE	
BODILY INJURY	\$ ,000 Each Person \$ ,000 Each Accident	COMPREHENSIVE (COMP)	\$	\$	
PROPERTY DAMAGE	\$ ,000 Each Accident	SPECIFIED CAUSES OF LOSS (SCL)	\$	\$	
COMBINED SINGLE LIMIT	\$ ,000 Each Accident	COLLISION	\$	\$	
	\$				

DESCRIPTION OF AUTO(S):

STATED COLLISION COMP OR SCL  
 LIMIT DEDUCTIBLE DEDUCTIBLE

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

**We will mail notice of cancellation in accordance with the policy terms and conditions.**

NAME AND ADDRESS OF CERTIFICATE HOLDER

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

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