

121605

TEXAS DEPARTMENT OF INSURANCE
ASSISTANT COMMISSIONER
APPROVED



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

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

COVERAGE	LIMITS OF LIABILITY	
PUBLIC LIABILITY	BODILY INJURY/PROPERTY DAMAGE	
() COMMERCIAL GENERAL LIABILITY	\$	EACH OCCURRENCE
() PREMISES AND OPERATIONS	\$	AGGREGATE
() CONTRACTORS PROTECTIVE		
() PRODUCTS--COMPLETED OPERATIONS		
() CONTRACTUAL - DESIGNATED CONTRACTS ONLY		
() EXCLUDES EXPLOSION, COLLAPSE AND UNDERGROUND PROPERTY DAMAGE		

HAZARD

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: -

121605

TEXAS DEPARTMENT OF INSURANCE
ADJUSTED
APPROVED
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**
AUTO / HOME / LIFE

**CERTIFICATE OF INSURANCE
FOR INFORMATION PURPOSES ONLY**

CERTIFICATE HOLDER:

POLICY NUMBER

POLICY PERIOD

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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

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DATE:

COI-FLGL