## **SOUTHERN COUNTY MUTUAL INSURANCE COMPANY**

## **CERTIFICATE OF INSURANCE - LOSS PAYEE**

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS Policy No. Company: APPROVED Issued to: OCT 14 2014 S9302

**Effective Date:** 

**Expiration Date:** 

This policy provides the coverages indicated for the following auto(s):

NO.	UNIT ID	YEAR, MAKE, VEHICLE TYPE	VIN NUMBER	

## PHYSICAL DAMAGE

NO.	DEDUCTIBLE	COLLISION DEDUCTIBLE	STATED LIMIT
-			

NO.	DEDUCTIBLE	COLLISION DEDUCTIBLE	STATED LIMIT

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 & ADDRESS OF CERTIFICATE HOLDER - LOSS PAYEE

Date Issued: