

**SOUTHERN COUNTY MUTUAL  
INSURANCE COMPANY**

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

**CERTIFICATE OF INSURANCE  
NON-TRUCKING LIABILITY**

Issued to:

POLICY NUMBER \_\_\_\_\_ POLICY PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

| AUTO LIABILITY - NON TRUCKING USE ONLY<br>(Autos Described Below) |  | AUTO PHYSICAL DAMAGE<br>(Autos Described Below) |              |            |  |
|---|--|---|--------------|------------|--|
| LIABILITY INSURANCE   | LIMITS OF LIABILITY                          | PHYSICAL DAMAGE INSURANCE                       | STATED LIMIT | DEDUCTIBLE |  |
| BODILY INJURY   | \$ ,000 Each Person<br>\$ ,000 Each Accident | COMPREHENSIVE                                   | \$           | \$         |  |
| PROPERTY DAMAGE   | \$ ,000 Each Accident                        | SPECIFIED CAUSES OF LOSS                        | \$           | \$         |  |
| COMBINED SINGLE LIMIT   | \$ ,000 Each Accident                        | COLLISION                                       | \$           | \$         |  |
|   |  |   |              |            |  |

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

Description of auto(s)

Insurance applies to the "auto(s)" indicated above subject to the following provisions:

LIABILITY COVERAGE does not cover as an "insured" any person or organization, or any agent, or employee or contractor thereof, while engaged in the business of transporting property by "auto" for others, or while enroute for such purpose at the request of any person or organization in such business.

LIABILITY COVERAGE does not apply:  
 while the "auto" is used to carry property in any business;  
 while the "auto" is being used in the business of any person or organization to whom the "auto" is rented.

If PHYSICAL DAMAGE COVERAGE is indicated above, refer to SECTION IV - PHYSICAL DAMAGE COVERAGE of the policy for details of the coverages.

Cancellation or voluntary termination of the lease agreement between yourself and the carrier identified in the named insured will terminate this coverage on the same date. This shall serve as notice of termination; no additional notice will be furnished.

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

NAME AND ADDRESS OF CERTIFICATE HOLDER

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

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