

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Southern American Insurance Agency, Inc. 8203 Willow Place South Suite 500 Houston, TX 77070
CONTACT NAME: Southern American Ins Agency
PHONE (A/C No, Ext): 281.890.9294 FAX (A/C, No): 281.890.2229
INSURED: Emigdio Villanueva Jr DBA: Quality Investments P. O. Box 943 Mission, TX 78573
INSURER(S) AFFORDING COVERAGE: Texas Mutual Insurance Co. NAIC #: 22945

COVERAGES CERTIFICATE NUMBER: 14-15 WC REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY (Commercial General Liability, Claims-Made, Occur), AUTOMOBILE LIABILITY (Any Auto, All Owned Autos, Scheduled Autos, Non-Owned Autos, Hired Autos), UMBRELLA LIAB (Excess Liab, Claims-Made, Ded, Retention \$), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Policy Number: SBP000112441, Policy Eff: 01/01/2014, Policy Exp: 01/01/2015, Limits: E.L. EACH ACCIDENT \$500,000, E.L. DISEASE - EA EMPLOYEE \$500,000, E.L. DISEASE - POLICY LIMIT \$500,000).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Emilio Villanueva, owner, is excluded from coverage.

CERTIFICATE HOLDER: Hildago County Attn: Monica Guerra 427 E. Duranta Ave. Alamo, TX 78516
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: B. G. Melina Southern American Ins. Agcy./CAW

State Farm Texas Business Auto Coverage Form Declarations-Page 1
State Farm Mutual Automobile Insurance Company

PO Box 799100
Dallas TX 75379

NAMED INSURED AND MAILING ADDRESS

ITEM ONE: 00065 0065 53-8718-21A5 A

VILLANUEVA, EMIGDIO
3618 N BRYAN RD
MISSION TX 78573-1350

65630-2-5 MATCH 00065 MUTL VOL

DECLARATIONS PAGE

POLICY NUMBER 252 9260-E03-53
POLICY PERIOD MAY 03 2014 to NOV 03 2014

STATE FARM PAYMENT PLAN NUMBER
1130703925

AGENT
SERGIO PENA
1240 E BUSI HWY 83 STE A
MISSION, TX 78572-9600

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

PHONE: (956)581-7362 or (956)581-0720

FORM OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL OTHER
ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS	TERRITORY
2007	TOYOTA	TUNDRA	FLTBDTRK	5TBRV541X7S449811	Commercial	57

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS
COVERAGE SYMBOL - COVERAGE NAME - LIMIT - AUTO COVERAGE SYMBOL - PREMIUM

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	2007 TOYOTA
AB	Bodily Injury/Property Damage Liability - (Symbol 7) Limit-Coverage AB \$1,000,000 Each Accident	\$369.62
D500	\$500 Deductible Comprehensive - (Symbol 7)	\$61.90
G1000	\$1000 Deductible Collision - (Symbol 7)	\$67.12
U	Uninsured/Underinsured Motorists (See Endorsement) Limit-Coverage U-Bodily Injury Each Person, Each Accident \$30,000 / \$60,000	\$15.42
	Limit-Coverage U-Property Damage (\$250 Deductible) Each Accident \$25,000	\$15.65
Total premium for MAY 03 2014 to NOV 03 2014		\$469.71

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9843U.3ST, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

New Policy Form

EXCEPTIONS AND ENDORSEMENTS Attached to this Policy - Premium (s) endorsement(s) shown above when applicable(s)

- 69438B AMENDATORY ENDORSEMENT
- TE 00 21 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT BROAD FORM.
- TE 00 39B AMENDATORY ENDORSEMENT - CHANGE CONDITIONS AND DEFINITIONS.
- TE 00 40B AMENDATORY ENDORSEMENT - TEXAS: CHANGE TO CONDITIONS, PHYSICAL DAMAGE COVERAGE AND DEFINITION OF SECTION IV.
- TE 04 08B 2-SYMBOL 7 SPECIFICALLY DESCRIBED AUTOS.
- TE 04 08B MEXICO COVERAGE-LIMITED.
- TE 04 09D UNINSURED/UNDERINSURED MOTORISTS INSURANCE (COVERAGE U).

Agent: SERGIO PENA

Telephone: (956)581-7362

Prepared MAY 14 2014 8718-A79