



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2015

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 a certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	<b>CONTACT NAME:</b> Consuelo Cavazos, CISR <b>PHONE (A/C, No, Ext):</b> (956) 565-2481 <b>E-MAIL ADDRESS:</b> consuelo@mcafeeagency.com	<b>FAX (A/C, No):</b> (956) 565-2733
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Ray Jones P O Box 565 Mercedes TX 78570	<b>INSURER A:</b> American States Ins Co of TX	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2015-2016      **REVISION NUMBER:**      10/YYY

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		04FR005304-7	11/20/2015	11/20/2016	EACH OCCURRENCE	\$ 250,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	X Farm Liability						PERSONAL & ADV INJURY	\$ 500,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 500,000
X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$ 500,000
F	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	SCHEDULED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
K	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB	OCCUR <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>				AGGREGATE	\$
	DED	RETENTION \$						\$
L	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
County of Hidalgo shall be named as additional Insured on above Farm Liability policy.

Lot 13 Blk 40 & Lot 9 Blk 67 S/E of Mercedes, TX 78570

<b>CERTIFICATE HOLDER</b> sandy.suarez@co.hidalgo.tx Hidalgo County 2802 S. Business Hwy 281 Edinburg, TX 78539	<b>CANCELLATION</b> 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 Robert R Garza/CO <i>Robert R Garza</i>
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**Your Independent Liberty Mutual Insurance Agent:**

MC AFEE AGENCY  
PO BOX 625  
MERCEDDES, TX 78570

(956) 565-2481

RAY JONES  
PO BOX 565  
MERCEDDES, TX 78570

**Your  
COMMERCIAL INSURANCE POLICY**



**AMERICAN STATES INSURANCE COMPANY OF TEXAS**

A Stock Company  
Safeco Plaza  
Seattle, WA 98185-0001

3230  
\*020000130058000004000150280\*





AMERICAN STATES INSURANCE COMPANY OF TEXAS

SEATTLE, WASHINGTON  
COMMERCIAL INSURANCE POLICY

RENEWAL DECLARATIONS

NAMED INSURED AND MAILING ADDRESS  
RAY JONES  
PO BOX 565  
MERCEDDES, TX 78570

POLICY NUMBER 04-FR-005304-8  
RENEWAL OF 04-FR-005304-7 11-98

POLICY PERIOD FROM 11-20-15 TO 11-20-16 12:01 AM  
STANDARD TIME AT LOCATION SHOWN ABOVE.

AGENT NAME AND ADDRESS  
MC AFEE AGENCY  
PO BOX 625  
MERCEDDES, TX 78570

4252847 (956) 565-2481

THE TOTAL PREMIUM DUE FOR THE POLICY TERM IS \$500.00.  
YOU WILL BE BILLED THROUGH YOUR CUSTOMER ACCOUNT #828-7548-860-01.  
YOU NEED NOT PAY ANY PREMIUM AT THIS TIME. WE WILL SEND A BILLING STATEMENT IN A SEPARATE MAILING.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANIES INDICATED ON THE SPECIFIC COVERAGE PART DECLARATIONS AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL FARM COVERAGE PART ..... \$ 500.00  
500.00

3281  
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COUNTERSIGNATURE

10-21-15  
(DATE)

BY

(AUTHORIZED REPRESENTATIVE)

NAMED INSURED **RAY JONES**  
 FORM OF BUSINESS: **INDIVIDUAL**
**POLICY NO. 04-FR-005304-8**

COVERAGE IS PROVIDED ONLY WHERE A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

I. Limits of Liability			
Coverage H -	Bodily Injury and Property Damage Liability	\$ 500,000	General Aggregate Limit
Coverage I -	Personal and Advertising Injury Liability		
Coverage J -	Medical Payments		
Coverage H -	Bodily Injury and Property Damage Liability	\$ 500,000	Each "Occurrence" Limit
Coverage J -	Medical Payments	\$ 500,000	
Coverage I -	Personal and Advertising Injury Liability	\$ 500,000	
Coverage H -	Bodily Injury and Property Damage Liability		
	Fire Damage Limit	\$ 50,000	Any One Fire
Coverage J -	Medical Payments	\$ 5,000	Any One Person Limit
Additional Coverage b. - Damage to Property of Others		\$500	

II. Location of Insured Premises			
Loc No.	Description	No. of Acres	No. of Dwellings
1	LOT 13, BLK 40 & LOT 9, BLK 67 S/E OF MERCEDES, HIDALGO CO, TX	86.84	

III. Coverages  
 Coverage is only provided where a premium is shown.

A. Basic Premium	Premium \$500.00
B. Optional Premiums	
Insured Farm Employees - Employers Liability and Medical Payments under Coverages H and J	
Full-time farm employees	
Part-time farm employees	
Custom Farming -	
Additional Dwellings	
Additional Interests	
Other Coverages	

**Forms Applicable:**

- |   |  |
|---|--|
| FLO020(0690) FARM LIABILITY COVERAGE FORM | FLO163(1088) AMENDATORY ENDORSEMENT        |
| FLO105(1187) TEXAS CHANGES                | ILO275(1113) TX CHANGES - CANCELLATION AND |
| ILO168(0312) TX CHANGES - DUTIES          | ILO017(1198) COMMON POLICY CONDITIONS      |

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