



AMERICAN STATES INSURANCE COMPANY OF TEXAS

SEATTLE, WASHINGTON
COMMERCIAL INSURANCE POLICY

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

RENEWAL DECLARATIONS

POLICY NUMBER 04-FR-005304-9
RENEWAL OF 04-FR-005304-8 11-98

SEE NAMED INSURED EXTENSION

POLICY PERIOD FROM 11-20-16 TO 11-20-17 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

3151
0200000700270000002000138151



COUNTERSIGNATURE

10-31-16
(DATE)

BY

(AUTHORIZED REPRESENTATIVE)

9-CC (0207)
NORTHEAST

25 (FRAFAB)CB INSURED COPY

COMPANY USE ONLY

OCT 24 2016

PREPARED 10-14-16

**NAMED INSURED EXTENSION
AMERICAN STATES INSURANCE COMPANY OF TEXAS
SEATTLE, WASHINGTON**

POLICY NUMBER: 04-FR-005304-90

The following is a complete list of the named insureds:

RAY JONES

020000080027000002000138152
3152



9-CC(0207)

COMPANY USE ONLY

ADDLNAMINS089461

NORTHEAST

25 (FRAFAB) PREPARED 10-14-16

NAMED INSURED **RAY JONES**
 FORM OF BUSINESS: **INDIVIDUAL**
POLICY NO. 04-FR-005304-9

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		
Coverage I -	Personal and Advertising Injury Liability	\$ 500,000	General Aggregate Limit
Coverage J -	Medical Payments		
Coverage H -	Bodily Injury and Property Damage Liability		
Coverage J -	Medical Payments	\$ 500,000	Each "Occurrence" Limit
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
	\$468.00
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	\$32.00

Forms Applicable:

 FLO020(0690) FARM LIABILITY COVERAGE FORM
 FLO105(1187) TEXAS CHANGES
 ILO168(0312) TX CHANGES - DUTIES
 FLO450(0187) ADDITIONAL INSURED-DESIGNA

 FLO163(1088) AMENDATORY ENDORSEMENT
 ILO275(1113) TX CHANGES - CANCELLATION AND
 ILO017(1198) COMMON POLICY CONDITIONS

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
DESIGNATED PREMISES ONLY**

This endorsement modifies insurance provided under the following:

FARM LIABILITY COVERAGE FORM

SCHEDULE*

Name(s) and mailing address(es) of person(s) or organization(s):

HIDALGO COUNTY
28/12 S HIGHWAY BUS 281
EDINBURG, TX 78539

Location of premises:

LOCATION #1

- A. The definition of "insured" is amended to include the person(s) or organization(s) named in the Schedule, but only with respect to the ownership, maintenance or use of the premises designated in the Schedule and operations necessary or incidental to those premises.
- B. Insurance with respect to the person(s) or organizations(s) named in the Schedule does not apply to "bodily injury" to any "residence employee" of that person or organization when the "bodily injury" arises out of or in the course of that employee's employment by the person or organization.

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

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EP

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