

Southern Farm Bureau Casualty Insurance Company

10720 Kanis Road P.O. Box 31 Little Rock, AR 72203-0031 (501)224-4400

INCEPTION TIME:

12:01 AM

TO:

CJ SALES

ADDRESS:

304 S HIGHWAY 62 65 BYP

HARRISON, AR 72601

NAMED INSURED

CARL BORG

ADDRESS

PO BOX 172

JASPER, AR 72641

POLICY NUMBER

MV01252014

POLICY TERM:

EFFECTIVE DATE:

10/2/2021

EXPIRATION DATE:

10/2/2022

Description of Vehicle(s):

INCEPTION DATE	MODEL YEAR	TRADE NAME	BODY TYPE	VEHICLE ID NUMBER	COMP	FTCAC	COLLISION
1/7/2022	2000	DODG	GRAND CARA	1B4GP44G8YB515754	\$1000 Deductible	No Coverage	\$1000 Deductible

PHYSICAL DAMAGE COVERAGE - A.C.V. LESS APPLICABLE DEDUCTIBLE

This CERTIFICATE OF INSURANCE/ BINDER is evidence that HAZARD INSURANCE is in force with SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY on the property shown above. Said insurance contains a LOSS PAYEE clause in favor of the above shown lending institution, and/or its assigns, as their interests may appear. It is understood and agreed that this CERTIFICATE OF INSURANCE/ BINDER is issued at the request of the lending institution, in lieu of a policy of insurance.

This CERTIFICATE OF INSURANCE/ BINDER shall remain in force for ninety (90) days from the inception date, or when, if earlier, it is replaced by a policy of the Company. This CERTIFICATE OF INSURANCE/ BINDER shall be void if coverage shall cease otherwise, and the lending institution is so notified and given twenty (20) days notice. In no event shall this CERTIFICATE of INSURANCE/ BINDER continue in force beyond ninety (90) days from the inception date shown above.

This CERTIFICATE OF INSURANCE/ BINDER is issued subject to all the terms and conditions of the policy being applied for.

This document shall not be valid unless signed by a duly authorized agent of SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY.

Agent's Signature

Date

1/7/2022

Your agent's name, address and phone number: FRANK LAWRENCE BREEDLOVE P O BOX 388 JASPER, AR 72641-0388 (870) 446-2213