




# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
08/13/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b>  RYAN MCDONALD STATE FARM 1903 FM 1189 STE. 400 BROCK, TX 76087	<b>CONTACT NAME:</b> RYAN MCDONALD <b>PHONE (A/C, No, Ext):</b> 682-333-0242 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> RYAN@MCDONALDSF.COM <b>PRODUCER CUSTOMER ID #:</b> 43-2C2E
<b>INSURED</b> MICHAEL JOHNSON BENJAMIN JOHNSON 1588 POE PRAIRIE RD MILLSAP TX 76066	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> State Farm Lloyds <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>
	<b>NAIC #</b> 25178 43419

## DESCRIPTION OF VEHICLE OR EQUIPMENT

<b>YEAR</b> 1992	<b>MAKE / MANUFACTURER</b> INTERNATIONAL	<b>MODEL</b> NH3900	<b>BODY TYPE</b> MOTORHOME	<b>VEHICLE IDENTIFICATION NUMBER</b> 1HVBZRM6NH437973
<b>DESCRIPTION</b>			<b>VEHICLE/EQUIPMENT VALUE</b> \$	<b>SERIAL NUMBER</b>

## COVERAGES

**CERTIFICATE NUMBER:** F5F55G55D5454G5E5

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	553 5374-A23-43B	08/13/2024	08/13/2025	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 50000
						BODILY INJURY (Per accident)	\$ 100000
						PROPERTY DAMAGE	\$ 50000
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	553 5374-A23-43B	08/13/2024	08/13/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input checked="" type="checkbox"/> \$1,000				<input type="checkbox"/> STATED AMT	\$ 1000 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	553 5374-A23-43B	08/13/2024	08/13/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input checked="" type="checkbox"/> \$1,000				<input type="checkbox"/> STATED AMT	\$ 1000 DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

Select one of the following:

- ☐ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

## 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.

DESCRIPTION OF THE ADDITIONAL INTEREST

☐ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE  
Completed by an authorized State Farm representative.  
If signature is required, please contact a State Farm agent.

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