



INSURANCE EXTENSION CERTIFICATE



11381

MOTORS INSURANCE CORPORATION
4015 WEST FREEWAY
FORT WORTH TEX 76107

1. Conditional upon receipt by the Company of the Total Premium shown below before the effective date the policy (effective date) Mo. Day Yr. Mo. Day Yr. period shall be extended From 07-15-72 To 07-15-73
12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

2. POLICY NUMBER:

127A38597-8

REFER TO THIS POLICY NUMBER
IN ALL CORRESPONDENCE

3. NAMED SCOTT GENTLING
INSURED 4801 HARLEY
FT WORTH TEXAS

127-078

Attach This Certificate
To Your Policy

4. Description of owned automobile or trailer:

YEAR
1966

MAKE AND BODY
CHEV 2DR

IDENTIFICATION NUMBER

5. The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto:

COVERAGES	LIMITS OF LIABILITY	PREMIUMS
A Fire, Lightning and Transportation B Theft (Broad Form) C Combined Additional Coverage	Actual Cash Value	
Comprehensive - Excluding Collision Including Coverages A, B, C	Actual Cash Value Less Deductible	
D (1) Comprehensive- Excluding Collision Including Coverages A, B, C (2) Personal Effects - Fire and Lightning only	(1) Less Actual Cash Value NO Deductible (2) \$100	\$26.00
E Collision or Upset	Actual Cash Value Less \$ 50 Deductible	\$78.00
F Towing and Labor Costs	\$25 per Disablement	\$1.00
		TOTAL PREMIUM \$105.00

6. CLASS 1BSUB 1

7. The insured is the sole owner of the owned automobile, unless otherwise stated herein.

AGENCY

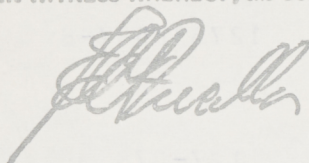
ASCO INS AGCY

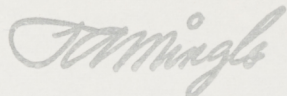
COUNTERSIGNED BY

384907

****If the company revises this policy form with respect to policy provisions, endorsements or rules by which the insurance hereunder could be extended or broadened without additional premium charge, such insurance as is afforded hereunder shall be so extended or broadened effective immediately upon approval or acceptance of such revision during the policy period by the appropriate insurance supervisory authority.**

IN WITNESS WHEREOF, the Company has caused this Insurance Extension Certificate to be executed and attested,

 Secretary

 President

****DOES NOT APPLY IN TEXAS**