

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY)

04/14/2015

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

certificate flotaer in flota of such chackers the flotaer in flota					LANGUA						
PRO	DUCER				CONTACT NAME:						
Richard Votaw(9549322)					PHONE (A/C, No. Ext): 530-583-0294 FAX (A/C, No): 530-583-2026						
475 N Lake Blvd #211					E-MAIL ADDRESS: ryotaw@farmersagent.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Tahoe City CA 96145					INSURER A: Truck Insurance Exchange				21709		
INSURED					INSURER B: Farmers Insurance Exchange				21652		
GLENSHIRE DEVONSHIRE RESIDENTS					INSURER C: Mid Century Insurance Company				21687		
15726 Glenshire Dr					INSURER D :						
TO 20 GIONSTING DI					INSURER E :						
Truckee CA 96161											
					INSURER F : REVISION NUMBER:						
						AVE 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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	GENERAL LIABILITY	III CONT						EACH OCCURRENCE	\$	2,000,000	
A	X COMMERCIAL GENERAL LIABILITY					04/14/2015	04/14/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	75,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	5	5,000	
	The second second			606228265				PERSONAL & ADV INJURY	s	2,000,000	
								GENERAL AGGREGATE	s	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	s	2,000,000	
	X POLICY PRO- LOC							PRODUCTO COMPTOF AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		2.000,000	
				COSCORDOS		0.4/4.4/004.5	0.414.4/0.04.5	(Ea accident) BODILY INJURY (Per person)	\$	2,000,000	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)			
	AUTOS AUTOS NON-OWNED AUTOS AUTOS			606228265		04/14/2015	04/14/2016	PROPERTY DAMAGE	s		
	X HIRED AUTOS X AUTOS							(Per accident)	s		
_	IMADOFILALIAD										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION \$ WORKERS COMPENSATION		-					WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).											
CERTIFICATE HOLDER					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.						
					AUTHORIZED REPRESENTATIVE						
						20 0 D 190					