



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/31/2019

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949      FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY      13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED WINNER CHEVROLET INC 1624 S CANYON WAY COLFAX, CA 95713-9033	266-856-4	

**COVERAGES**

CERTIFICATE NUMBER: 9

REVISION NUMBER: 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	9059646	07/01/2018	07/01/2019	EACH OCCURRENCE	\$500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
							PERSONAL & ADV INJURY	\$500,000
							GENERAL AGGREGATE	\$1,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION	Y	N	9059647	07/01/2018	07/01/2019	EACH OCCURRENCE	\$2,000,000
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	AUTO DEALER LIABILITY	Y	N	9059646	07/01/2018	07/01/2019	AUTO LIAB - EA ACCIDENT	\$500,000
							GENERAL LIABILITY	
							- EACH ACCIDENT	\$500,000
							- AGGREGATE	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SEE ATTACHED PAGE**

**CERTIFICATE HOLDER**

266-856-4  
 DEPT OF PUBLIC WORKS FLEET SERVICES COMMUNITY  
 DEVELOPMENT AGENCY COUNTY OF NEVADA  
 12548 LOMA RICA DR  
 GRASS VALLEY, CA 95945-9090

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**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

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED WINNER CHEVROLET INC 1624 S CANYON WAY COLFAX, CA 95713-9033	
POLICY NUMBER SEE CERTIFICATE # 9.7		EFFECTIVE DATE: SEE CERTIFICATE # 9.7	
CARRIER SEE CERTIFICATE # 9.7	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ON AUTO DEALERS COVERAGE FORM.  
 THE POLICY COVERS THE NAMED INSURED'S VEHICLES WHILE ENTERING OR LEAVING COUNTY PROPERTY.  
 GARAGEKEEPERS COVERAGE COVERS VEHICLES IN NAMED INSURED'S CARE, CUSTODY AND CONTROL. GARAGEKEEPERS LIMIT IS \$1,600,000.  
 DEALERS INSURANCE AGENTS ERRORS AND OMISSIONS INSURANCE ENDORSEMENT PROVIDED AS PER THE CA-F-150 ACTS, ERRORS OR OMISSIONS LIABILITY COVERAGES (DEFENSE WITHIN LIMITS) ENDORSEMENT.  
 REPAIR OF EMERGENCY VEHICLES FOR COUNTY OF NEVADA IS NOT EXCLUDED FROM THIS POLICY.  
 COMMERCIAL UMBRELLA FOLLOWS FORM ACCORDING TO THE TERMS, CONDITIONS, AND ENDORSEMENTS FOUND IN THE COMMERCIAL UMBRELLA POLICY.  
 INSURANCE PROVIDED BY THE AUTO DEALERS COVERAGE FORM IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE.  
 FOR REASONS OTHER THAN NON-PAYMENT OF PREMIUM, 30 DAYS NOTICE WILL BE PROVIDED TO THE CERTIFICATE HOLDER IN THE EVENT THAT THE ISSUING COMPANY CANCELS THE POLICY BEFORE THE EXPIRATION DATE OF THE POLICY.

**FEDERATED INSURANCE COMPANIES**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NON-CONTRIBUTORY CLAUSE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

BUSINESS AUTO COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

It is agreed that the insurance provided by any additional insured endorsement is primary when primary coverage is required in a written contract. We will not seek contribution from any insurer when insurance on a non-contributing basis is required in a written contract. For coverage to apply, the written contract must have been executed prior to the occurrence of "loss".

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FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

INSURED:

WINNER CHEVROLET INC  
1624 S CANYON WAY  
COLFAX CA 95713

1. WHO IS AN INSURED for "bodily injury" and "property damage" liability is amended to include the Additional Insured specified below but only with respect to liability arising out of your operations or premises owned by or rented to you.
2. The insurance does not apply to "bodily injury" or "property damage" liability arising out of the sole negligence of the Additional Insured named below.
3. We agree to notify the Additional Insured named below at the address stated below of any cancellation of, or material change to, this policy.

Relationship of the Additional Insured to the Insured:

See IL-F-40-0007

Additional Insured Name and Address:

DEPT OF PUBLIC WORKS FLEET  
SERV  
COMMUNITY DEVEL AGENCY COUNTY  
OF NV  
12548 LOMA RICA DR  
GRASS VALLEY CA 95945

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## **EXTENSION ENDORSEMENT**

**Extension - CA-F-75 - DEPT OF PUBLIC WORKS FLEET SERV**

ANY COVERAGE PROVIDED BY THIS ENDORSEMENT APPLIES TO SERVICE/REPAIR WORK  
DONE BY THE NAMED INSURED. FULL NAME: DEPT OF PUBLIC WORKS FLEET  
SERVICES COMMUNITY DEVELOPMENT AGENCY COUNTY OF NEVADA

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITED AMENDMENT OF CANCELLATION PROVISIONS**

All Coverage Parts included in this policy are subject to the following conditions:

If we cancel this policy, we will mail advance notice to the person(s) or organization(s) as shown in the Schedule.

**SCHEDULE**

<b>Name and Address of Person(s) Or Organization(s):</b> DEPT OF PUBLIC WORKS FLEET SERVICES COMMUNITY DEVELOPMENT AGENCY COUNTY OF NEVADA 12548 LOMA RICA DR GRASS VALLEY, CA 95945-9080
<b>Number of days advance notice for any reason other than non-payment of premium:</b> 30
<b>Number of days advanced notice for non-payment of premium:</b> See Common Policy Conditions

**Insured:**  
WINNER CHEVROLET INC  
1624 S CANYON WAY  
COLFAX, CA 95713-9033

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IL-F-50 (04-13)

Policy Number: 8059846

Transaction Effective Date: 05/31/2019