

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/02/2024

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.

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).

Conditions of the policy, certain policies may require an endorsement, a statement of this certain at endorsement, as										
PRODUCER TRES LACHAN CE	(88-06-34V)	CONTACT NAME:								
24654 N Lk Plsnt #104	(66 66 6 11)	PHONE (A/C, NO, EXT): (623) 745-4500	FAX 623-321-8186 (A/c, No):							
Peoria, AZ 85383		E-MAIL ADDRESS:tlachance@farmersagent.com								
		INSURER(S) AFFORDING CO	NAIC#							
INSURED		INSURER A: Truck Insurance Exchange		21709						
SHADOW RIDGE HOMEOWNERS		INSURER B: Farmers Insurance Exchange	21652							
		INSURER C: Mid Century Insurance Company 21687								
16625 S DESERT FOOTHILLS PKWY		INSURER D:								
PHOENIX, AZ 85048-8470		INSURER E:								
		INSURER F:								
COVERACEC	CERTIFICATE NUMBER	DEVICE	SN NUMBER.							

COVE	MUL	3		CLKI	IIICATET	IOMIDER.			REVISION	NOMBER.		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 INSUE	RANCE	ADDTL INSD	SUBR WVD	POLICY NUMB	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	Х	COMMERCIAL GENERAL LIABILITY								EACH OCCUP	RENCE	\$2,000,000
		CLAIMS-MADE	CLAIMS-MADE X OCCUR							DAMAGE TO PREMISES (Ea		\$75,000
					607222113			MED EXP (An	y one person)	\$5,000		
A	GEN'L AGGREGATE LIMIT APPLIES PER:					3	09/14/2024	09/14/2025	PERSONAL&	ADV INJURY	\$2,000,000	
									GENERALAG	GREGATE	\$4,000,000	
	Х	X POLICY PROJECT LOC						PRODUCTS -	COMP/OP AGG	\$2,000,000		
		OTHER:				1						\$
	ΑU	FOMOBILE LIABILITY								COMBINED S (Ea accident)	INGLE LIMIT	\$2,000,000
		ANYAUTO							BODILY INJUR	(Per person)	\$	
Α		OWNED AUTOS ONLY	SCHEDULED AUTOS		6072221	607222113	3 09/14/2024	09/14/2024	09/14/2025	BODILY INJUR	₹Y (Per accident)	\$
	Х	HIRED AUTOS ONLY	NON-OWNED AUTOSONLY						PROPERTY D (Per accident)		\$	
												\$
		UMBRELLA LIAB	OCCUR							EACH OCCUP	RENCE	\$
		EXCESS LIAB CLAIMS-MADE DED RETENTION \$]			AGGREGATE		\$	
										DED		*
	AN	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ Y/N		N/A						PER STATUTE	OTHER	\$
										E.L. EACH AC	CIDENT	\$
	EX ECUTIVE OFFICER / MEMBER EX CLUDED? (Mandatory in NH)		-						E.L. DISEASE	EA EMPLOYEE	\$	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE	-POLICY LIMIT	\$		
DESCR	IPTIC	ON OF OPERATIONS/LO	OCATIONS/VEHICLI	+ ES (ACORD	101,Add	+ itional Remarks Schedu	ıle, may be	+ attached if more sp	ace is required)			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTI	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 PROVISIO											
A						AUTHORIZED REPRESENTATIVE						

ACORD 25 (2016/03)

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