

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2007

PRODUCER (530) 470-1250
 Sierra Gold Insurance Services
 101 Providence Mine Rd., #203
 P.O. Box 1643
 Nevada City CA 95959-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Foresters Co-Op (Tom Amesbury)
 415 Colfax Avenue
 Grass Valley CA 95945-

INSURERS AFFORDING COVERAGE NAIC #
 INSURER A: Arch Specialty Insurance
 INSURER B: State Fund Insurance
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GAPKG00723-5342	07/01/2006	07/01/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GAPKG00723-5342	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1625843-05	04/01/2006	04/01/2007	W/C STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER ERRORS & Omissions	GAPK00723-5342	07/01/2006	07/01/2007	\$1,000,000 Aggregate \$1,000,000 Occurrence

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
 (530) 621-5833
 Dustin
 El Dorado County
 330 Fairlane
 Placerville CA 95667-

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE *[Signature]*

ORD 25 (2001/08)
 INS025 (0108).05

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NAME
ALLSTATE INSURANCE COMPANY 19232

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
048643224 BAP 02/14/07 02/14/08

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NO.
97 FORD TRUCK EXPEDITION 1FMFU18L7VL878704

OFFICE ISSUING CARD
CALIFORNIA RCC (50)
21810 EAST COPLEY DRIVE
DIAMOND BAR, CA 91765-4177

INSURED
TOM AMESBURY
DBA FORESTERS CO-OP
415 COLFAX AVE
GRASS VALLEY, CA 95945-6813

**THIS POLICY MEETS THE REQUIREMENTS OF THE APPLICABLE CALIFORNIA FINANCIAL RESPONSIBILITY LAW(S).
SEE IMPORTANT NOTICE ON REVERSE SIDE**

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NAME
ALLSTATE INSURANCE COMPANY 19232

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
048643224 BAP 02/14/07 02/14/08

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NO.
02 FORD TRUCK F150 1FTRN08L42KD28310

OFFICE ISSUING CARD
CALIFORNIA RCC (50)
21810 EAST COPLEY DRIVE
DIAMOND BAR, CA 91765-4177

INSURED
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DBA FORESTERS CO-OP
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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NAME
ALLSTATE INSURANCE COMPANY 19232

POLICY NUMBER **EFFECTIVE DATE** **EXPIRATION DATE**
048643224 BAP 02/14/07 02/14/08

YEAR **MAKE/MODEL** **VEHICLE IDENTIFICATION NO.**
07 FORD TRUCK F150 4WD 1FTPX14507FALL1920

OFFICE ISSUING CARD
CALIFORNIA RCC (50)
21810 EAST COPLEY DRIVE
DIAMOND BAR, CA 91765-4177

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