

# ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDDYYYY)

9/18/2008

**PRODUCER**

**MURRAYS COUNTRYSIDE INSURANCE SVC**  
 4110 Datsun Ct Suite A  
 Shingle Springs, CA 95682  
 (530) 676-6442

**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**

**HALSEY, TOM & DENISE**  
 2120 BROADWAY  
 PLACERVILLE, CA 95667

**INSURERS AFFORDING COVERAGE**

**NAIC#**

INSURER A: **ALLIED INSURANCE**

**19100**

INSURER B:

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 LTR | ADDL INSR | TYPE OF INSURANCE   | POLICY NUMBER      | POLICY EFFECTIVE DATE(MMDDYY) | POLICY EXPIRATION DATE(MMDDYY) | LIMITS   |
|----------|-----------|---|--------------------|-------------------------------|--------------------------------|--|
| A        | X         | GENERAL LIABILITY   | FPK FMP 7860707227 | 09/06/08                      | 09/06/09                       | EACH OCCURRENCE \$ <b>1,000,000</b>  |
|          |           | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> FARMOWNERS' LIABILITY<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |                               |                                | DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$ <b>1,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMPROP AGG \$ <b>2,000,000</b>   |
|          |           | AUTOMOBILE LIABILITY  |                    |                               |                                | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          |           | GARAGE LIABILITY  |                    |                               |                                | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |
|          |           | EXCESS/UMBRELLA LIABILITY   |                    |                               |                                | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |
|          |           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                    |                               |                                | WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYER \$<br>E.L. DISEASE - POLICY LIMIT \$ |
|          |           | OTHER   |                    |                               |                                |  |

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

**AIRPLANE HANGER #34**  
**THE CERTIFICATE HOLDER LISTED BELOW IS NAMED AN ADDITIONAL INSURED.**

**CERTIFICATE HOLDER**

**EL DORADO COUNTY, ITS OFFICERS,  
 AGENTS, AND EMPLOYEES  
 PO BOX 85  
 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 **10** 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

*Amey B. Mank*