

CERTIFICATE OF AUTOMOBILE INSURANCE

THIS IS TO CERTIFY THAT the named insured is, at the date of this certificate, insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy.

INSURED'S NAME AND ADDRESS

FOR LIEN HOLDER INQUIRIES, CALL OR WRITE
 1-800-409-0733
 P O BOX 29017
 PHOENIX, AZ 85038

DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED

Policy Number: AOV Effective Date: 01/12/2022 Expiration Date: 01/12/2023

COVERAGES:	PART A	PART B	PART D — DAMAGE TO YOUR AUTO COVERAGE		
	BODILY INJURY PROPERTY DAMAGE	MEDICAL PAYMENTS COVERAGE	COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS	
Limits of Liability	25/50 25	NO COV	Yes	Loss Caused by Collision	Loss Other Than Loss Caused by Collision
* Includes Medical Expense	Accidental Death Benefit: \$		Protection Against Uninsured Motorists Coverage — Limit Selected: \$25/50		
POLICY INCLUDES: <input type="checkbox"/> BASIC NO FAULT COVERAGE <input type="checkbox"/> OPTIONAL NO FAULT COVERAGE					

DESCRIPTION OF AUTOMOBILES

Year of Model	Trade Name	Body Type	Identification or Serial Number
2009	SUZU	SEDAN 4D	JS:

ADDITIONAL INTEREST


Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest hereinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

NAME AND ADDRESS:

Loss PAYEE and ADDRESS


 Secretary President

Dated: 01/13/2022 at: 01:43 PM


 Countersigned
 AUTHORIZED REPRESENTATIVE



Evidence of Insurance - Additional Interest

Interest:

Named Insured:

Loss Payee:

SAMPLE

None

Policy Number : AU446781
Amended Date : 6/4/21

Effective Date : 1/28/21
Expiration Date : 1/28/22

Liability			
Addtl Interest	Risk#	Limit	Legal Location
Addtl. Int. Addtl. Int. Addtl. Int.		BI \$50,000/\$100,000 PD \$50,000	
Inland Marine-Scheduled Personal Property Unscheduled Farm Personal Property			
Addtl Interest	Description of Risk	Limit	Deductible
Addtl. Int. Addtl. Int. Addtl. Int.			

Automobile								
"Loss Payee" or "Addtl Insured" or "Loss Payee & Addtl Ins"	Risk#	Year	Make	Model	Vehicle Identification	Comp.*	Coll.*	Spec. Perils* (Y or N)
Loss Payee Loss Payee Loss Payee	03	2001	Dodge	RAM 1500	3B7	\$ /\$ \$ /\$ \$ /\$	\$ \$ \$	NO NO NO
Coverage			Limits of Liability					
					Each Person	Each Occur.		
			Med Pay*		\$5000			
			BI		\$50,000	\$100,000		
			PD		\$50,000			
			UM/UIM*		\$50,000	\$100,000		

* Optional Coverage

Agent's Name Michael Hughes
Agent's Address 9177 E Mineral Cir #250
Centennial CO 80112
Agent's Phone # 303-749-7805
Date 1/28/2022

We will provide the protection described in this policy in return for the premium and compliance with all applicable policy provisions. Protection is provided where a premium, limit of liability or other indication is shown for the protection or coverage.

FOOTHILLS INSURANCE
7100 BROADWAY STE 5K
DENVER CO 80231-2923

Phone: 303-460-1203
Agency Code: 10018408



September 24, 2021
Named Insured(s)

My.DairylandInsurance.com

Policy Number: [REDACTED]

[REDACTED] -3670
[Barcode]

POLICY HISTORY

Policy Term Information

Inception Date: 12/20/2016 Expiration Date: 12/20/2021 Paid to Date: 10/20/2021
Cancellation Date:
Lapse in Coverage During Past 12 Months: None

Driver Information

Driver Name	Named Insured	Fin. Resp.	Driver Status
[REDACTED]	Y		Driver
[REDACTED]	N	SR22 CO	Driver

Vehicle & Coverage Information

1 ID #: 2 Year: 2013
Make: Chrysler Model: 300C AWD
Coverages: Bodily Injury Liability \$50,000/\$100,000 Property Damage Liability \$50,000 Medical
Payments \$5,000 Uninsured & Underinsured Motorist Bodily Injury \$50,000/\$100,000 Comprehensive
\$100 Collision \$500 Rental Reimbursement \$20/\$600 Roadside Assistance Expanded \$100

Lienholder/Additional Insured Lessor/Additional Interest Information

Veh. #	Type	Name	Address	City, State, Zip
1	LIEN	CANVAS CREDIT UNION	PO BOX 5238	ENGLEWOOD, CO, 80155

2 ID #: 1B7HF13Z8XJ617202 Year: 1999
Make: Dodge Model: RAM PICKUP 1500 QUAD
Coverages: Bodily Injury Liability \$50,000/\$100,000 Property Damage Liability \$50,000 Medical
Payments \$5,000 Uninsured & Underinsured Motorist Bodily Injurv \$50,000/\$100,000 Uninsured
Motorist Property Damage \$250 \$10,000

This statement of policy history does not imply coverage bound or afforded by the listed company.