

Commercial Certificate of Insurance



FARMERS

Agency
 Name • C Dean Page
 & • 8415 SW Seneca St
 Address • Tualatin, OR 97062-8446
 • 503-692-4400

Issue Date (MM/DD/YY) 07/27/2011

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 shown below.

St. 73 Dist. 34 Agent 313

Companies Providing Coverage:

Insured
 Name • MONTIEL, MOISES
 & • MO MOES
 Address • 21960 SW COLUMBIA CIRCLE
 • TUALATIN, OR 97062

Company **A** Truck Insurance Exchange
 Letter
 Company **B** Farmers Insurance Exchange
 Letter
 Company **C** Mid-Century Insurance Company
 Letter
 Company **D** _____
 Letter

Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	General Liability ✕ Commercial General Liability ✕ - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	604889407	03/01/2011	03/01/2012	General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ 1,000,000 \$ 500,000 \$ 500,000 \$ 500,000 \$ 75,000 \$ 5,000
A	Automobile Liability All Owned Commercial Autos ✕ Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	604889407	03/01/2011	03/01/2012	Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ 0 \$ \$ \$ 0 \$
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$

Description of Operations/Vehicles/Restrictions/Special items:

Additional Insured:
 Oregon Dressage Society, Inc., its Directors, Officers and Agents

Certificate Holder

Name • Oregon Dressage Society, Inc
 & • 880 NE 25th Ave., Suite 2-173
 Address • Hillsboro, OR 97124

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative