



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KLK

DATE (MM/DD/YYYY)

02/15/11

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 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).

PRODUCER Premier Insurance - IF P.O. Box 50340 Idaho Falls, ID 83408 Curtice Mathews	208-622-1260 208-622-1267	INSURED NAME: Sanchez Trucking, Inc. Julian Sanchez 432 Wiley St Blackfoot, ID 83221	INSURERS AFFORDING COVERAGE NUMBER 1: Great West Casualty 11321 NUMBER 2: Liberty Northwest Insurance 41938 NUMBER 3: NUMBER 4: NUMBER 5:
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COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER**

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.

TYPE	TYPE OF INSURANCE	ISSUE DATE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LIMIT		CLP31487U	03/01/11	03/01/12	EACH OCCURRENCE	\$ 1,000,000
						SUMMARY TO REPORT	\$ 50,000
						PREMIER 24 HOURS	\$ 5,000
						PERSONAL & AUTO SUBJECT	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPOUND	\$ 2,000,000
A	<input checked="" type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CLP31487U	03/01/11	03/01/12	CLAIMS MADE LIMIT	\$ 1,000,000
						PERIOD	\$
						PERSONAL & AUTO SUBJECT	\$
						PROPERTY DAMAGE	\$
						PER AUTO	\$
	<input type="checkbox"/> UMBRELLA LIMIT <input type="checkbox"/> EXCESS LIMIT <input type="checkbox"/> EXCESS LIMIT <input type="checkbox"/> EXCESS LIMIT					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A	<input checked="" type="checkbox"/> BROAD FORM CARGO ANY POLICY COVERAGE/TERMS/EXCLUSIONS APPLICABLE TO THIS POLICY WILL BE APPLIED TO THIS POLICY. COVERAGE IN THIS POLICY WILL BE APPLIED TO THIS POLICY. COVERAGE IN THIS POLICY WILL BE APPLIED TO THIS POLICY.		CLP31487U	03/01/11	03/01/12	Per Auto	\$ 40,000
						Over	\$ 2,000

DESCRIPTION OF OPERATIONS / LOCATIONS - (INCLUDE ADDRESS ABOVE OR Additional Remarks Section, if more space is required)

CERTIFICATE HOLDER Sample Certificate	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE