

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JK  
AVA-150

DATE (MM/DD/YYYY)  
12/03/08

**PRODUCER**  
Western Experts in Transp.  
PO Box 1835  
Kingston WA 98346  
Phone: 360-297-4844 Fax: 360-297-4882

**INSURED**  
Avant-Garde Limousine, LLC  
6156 Mission Gorge Rd., Ste I  
San Diego CA 92120

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.

|  |               |
|--|---------------|
| <b>INSURERS AFFORDING COVERAGE</b>         | <b>NAIC #</b> |
| INSURER A: <b>Empire Fire &amp; Marine</b> | 21326         |
| 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 CODE<br>LTR INSR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|-----------------------|--|---------------|----------------------------------|-----------------------------------|---|
| A X                   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR   | CL984961      | 12/03/08                         | 12/03/09                          | EACH OCCURRENCE \$ 2,000,000  |
|                       | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000   |               |                                  |                                   |   |
|                       |  |               |                                  |                                   | MED EXP (Any one person) \$ 5,000   |
|                       |  |               |                                  |                                   | PERSONAL & ADV INJURY \$ 2,000,000  |
|                       |  |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000  |
|                       |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ Excluded  |
|                       | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$                                      |
|                       |  |               |                                  |                                   | BODILY INJURY (Per person) \$   |
|                       |  |               |                                  |                                   | BODILY INJURY (Per accident) \$   |
|                       |  |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$   |
|                       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$  |
|                       |  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$   |
|                       |  |               |                                  |                                   | AGG \$  |
|                       | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  |               |                                  |                                   | EACH OCCURRENCE \$  |
|                       |  |               |                                  |                                   | AGGREGATE \$  |
|                       |  |               |                                  |                                   | \$  |
|                       |  |               |                                  |                                   | \$  |
|                       |  |               |                                  |                                   | \$  |
|                       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |               |                                  |                                   | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|                       |  |               |                                  |                                   | E.L. EACH ACCIDENT \$   |
|                       |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$   |
|                       |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$  |
|                       | OTHER  |               |                                  |                                   |   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
Certificate holder is additional insured as respects their interest in the operations of the named insured.

**CERTIFICATE HOLDER**

COPY

**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  
*Douglas W. Jackson*