



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)
05/31/2019

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 have ADDITIONAL INSURED provisions or 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).

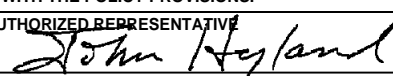
PRODUCER Jeremy Jussel	CONTACT NAME: Sentry Customer Service
	PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191
	EMAIL ADDRESS: businessproducts_direct@sentry.com
	INSURER(S) AFFORDING COVERAGE
INSURER A : Sentry Select Insurance Company	NAIC # 21180
INSURED CSI Motors Inc DBA Dodge Chrysler Jeep Ram 2147 W US Highway 50 Pueblo, CO 81008-1648	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES PROD / CUSTOMER ID: CERTIFICATE #: 1452322 REVISION #:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GARAGE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>	2567348001	07/01/2019	07/01/2020	AUTO ONLY (Ea accident) \$ 500,000	
	<input type="checkbox"/>	<input type="checkbox"/>	OTHER THAN AUTO ONLY				EA ACCIDENT \$ 500,000	
	<input type="checkbox"/>	<input type="checkbox"/>	AGGREGATE \$ 2,500,000					
A	<input type="checkbox"/> GARAGE KEEPERS LIABILITY LEGAL LIABILITY <input checked="" type="checkbox"/> DIRECT BASIS <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS	<input type="checkbox"/>	<input type="checkbox"/>	2567348001	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS LOC 1 \$ 560,000	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> COLLISION LOC 1 \$ 560,000					
	<input type="checkbox"/>	<input type="checkbox"/>	LOC \$					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$	
	<input type="checkbox"/>	<input type="checkbox"/>	DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
	<input type="checkbox"/>	<input type="checkbox"/>	MED EXP (Any one person) \$					
	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL & ADV INJURY \$					
	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL AGGREGATE \$					
	<input type="checkbox"/>	<input type="checkbox"/>	PRODUCTS - COMP/OP AGG \$					
	<input type="checkbox"/>	<input type="checkbox"/>	OTHER \$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>	<input type="checkbox"/>	2567348008	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/>	<input type="checkbox"/>	AGGREGATE \$ 15,000,000					
	<input type="checkbox"/>	<input type="checkbox"/>	PRODUCTS - COMP/OP AGG \$ 15,000,000					
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below	<input type="checkbox"/>	<input type="checkbox"/>	N / A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	<input type="checkbox"/>	<input type="checkbox"/>	E.L. EACH ACCIDENT \$					
	<input type="checkbox"/>	<input type="checkbox"/>	E.L. DISEASE - EA EMPLOYEE \$					
	<input type="checkbox"/>	<input type="checkbox"/>	E.L. DISEASE - POLICY LIMIT \$					

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of Colorado State Purchasing Office 1525 N Sherman St Fl 3 Denver, CO 80203-1733	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 



AGENCY CUSTOMER ID: XXXXXX5221

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Jeremy Jussel		NAMED INSURED CSI Motors Inc DBA Dodge Chrysler Jeep Ram	
POLICY NUMBER 2567348001			
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 07/01/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 30 FORM TITLE: Certificate Of Garage Insurance

Garagekeepers Liability

Location #	State	Basis	Collision Limit	Comp/OTC/Specified Perils Limit
2	CO	Direct Coverage (Primary)	\$ 150,000	\$ 150,000
3	CO	Direct Coverage (Primary)	\$ 680,000	\$ 680,000