

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

MARIE GIROUARD



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - CALIFORNIA

Policy Number: 07703654-7 **NAIC Number:** 11770
Effective Date: 11/05/2017 **Expiration Date:** 11/05/2018
Policy Type: Commercial
Insurer: UNITED FINANCIAL CAS CO 1-800-444-4487
PO BOX 94739 CLEVELAND, OH 44101

Named Insured(s):

MARIE GIROUARD
DBA: GIDDY UP RANCH PONYRIDES

Your Agent:

COMPASS DIRECT INS 1-714-665-9800
13681 NEWPORT AVE#8
TUSTIN, CA 92780

Year Make
2015 RAM

Model
RAM 3500

VIN
3C63RRG17FG508873


Your policy meets the requirements of Section 16056.

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

<p style="text-align: center;">MARIE GIROUARD</p>  <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p style="text-align: center;">PROGRESSIVE</p> <p style="text-align: center;">KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p style="text-align: center;">INSURANCE IDENTIFICATION CARD - CALIFORNIA</p> <p>Policy Number: 07703654-7 NAIC Number: 11770 Effective Date: 11/05/2017 Expiration Date: 11/05/2018 Policy Type: Commercial Insurer: UNITED FINANCIAL CAS CO 1-800-444-4487 PO BOX 94739 CLEVELAND, OH 44101</p> <p>Named Insured(s): MARIE GIROUARD DBA: GIDDY UP RANCH PONYRIDES</p> <p>Your Agent: COMPASS DIRECT INS 1-714-665-9800 13681 NEWPORT AVE#8 TUSTIN, CA 92780</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>2005</td><td>DODGE</td><td>RAM 3500</td><td>3D7MS48C45G722159</td></tr></table> <p>Your policy meets the requirements of Section 16056.</p>	Year	Make	Model	VIN	2005	DODGE	RAM 3500	3D7MS48C45G722159
Year	Make	Model	VIN						
2005	DODGE	RAM 3500	3D7MS48C45G722159						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2017

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 Compass Direct Insurance Services, Inc. 13681 Newport Ave., Ste 8 #622 Tustin, CA 92780 www.cdisi.com License #0H16100	CONTACT NAME: Jeremy Seltzer PHONE (A/C, No, Ext): 714-665-9800 E-MAIL ADDRESS: jeremy@cdisi.com	FAX (A/C, No): 714-665-9801
	INSURER(S) AFFORDING COVERAGE	
INSURED Giddy Up Ranch 661-947-0309 8707 Mesquite St Phelan CA 92371	INSURER A: United Financial Casualty Company NAIC # 11770	
	INSURER B: State Compensation Insurance Fund of California 35076	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** 38863375 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			07703654-7	11/5/2017	11/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	1832900-17	12/1/2017	12/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate is issued as information only with respects to the coverage limits of the named insured. *10 day notice of cancellation for non-payment of premium*

CERTIFICATE HOLDER Information Only 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  Jeremy Seltzer