

Motor Carrier Attachment:

Certificate of Liability Insurance

HWY23FH013

(2 pages)



CERTIFICATE OF LIABILITY INSURANCE

7/13/2022

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).

cer	tificate holder in lieu of such endors	seme	nt(s).	may require an er	140136	mont. A Sta	tement of th	is certificate does not con	iei u	Aura io rus	
5720 INLAND SHORES WAY N KEIZER, OR 97303-0000					CONTACT NAME: SEAN R CONNOR						
					PHONE (A/C, No, Ext): 503-393-2433 FAX (A/C, No.						
					E-MAIL ADDRESS: SEAN.CONNOR@COUNTRYFINANCIAL.COM						
					INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
					INSURE	0011817		surance Company		20990	
INSURED					INSURE	INSURER B:					
DBA J RUIZ FARM LABOR 10825 PORTLAND RD NE					INSURE	RC:					
					INSURE	RD:					
<u> </u>					INSURER E :						
					INSURER F:						
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.											
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
0	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE \$			
L								DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
L								MED EXP (Any one person) \$			
<u> </u>								PERSONAL & ADV INJURY S			
F								GENERAL AGGREGATE \$			
10	BEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$			
	POLICY PRO- JECT LOC							\$			
<u> </u> *	7	~				12/31/2021	12/31/2022		nt) s 1,000,000		
a -	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
-	AUTOS AUTOS							2222227644465			
-	HIRED AUTOS AUTOS							(Per accident)		·	
-	/ UMBRELLA LIAB / OCCUR							S	4.000	000	
A F	EXCESS LIAB CLAIMS-MADE					12/31/2021	12/31/2022		s 4,000,000		
F	DED RETENTIONS 10,000								4,000	0,000	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER			
l A	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE										
į C	OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT S				
İ	yes, describe under ESCRIPTION OF OPERATIONS below				ļ			E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
			i				,	DOURNOS - FOLIOT ENVIT 3			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) JOB NAME: UMBRELLA POLICY NUMBEF PROVIDES COVERAGE TO HIRED AND NON OWNED AUTOS.											
	DED COLL \$500 DED COMP VTINUED)										
CERT	CERTIFICATE HOLDER CANCELLATION										
US DEPARTMENT OF LABOR WAGE AND HOUR DIVISION/ESA 90 7TH STREET, SUITE 11-100 SAN FRANCISCO, CA 94103						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					
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