

NEW

RENEWAL NUMBER

XREF 71APR377033

CROSS REFERENCE NUMBER

71 APR 392597

COLUMBIA INSURANCE COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS
KIM JONES
DBA: DESERT WAVE LIMOUSINE
2569 N COLUMBIA CENTRE BLVD
RICHLAND, WA 99352

NO FLAT CANCELLATIONS

Producer
MONTEITH INSURANCE INC
8518 GAGE BLVD STE 1
KENNEWICK, WA 99336

FORM OF NAMED INSURED'S BUSINESS: Individual

NAMED INSURED'S BUSINESS: LIMOUSINE SERVICE

POLICY PERIOD: Policy covers FROM 11/05/2020 10:15 AM TO 11/05/2021 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE, and FORMS AND ENDORSEMENTS.

Countersigned At Cochrane & Company, A Division of Cochrane Agency, Spokane, WA By Tom Cochrane AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Secretary signature

President signature