

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/24/2017

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.

Sl	PORTANT: If the certificate holder IBROGATION IS WAIVED, subject to rtificate does not confer rights to the c	the	term	s and conditions of the p	olicy, certain po	licies may req	uire an endorsement. A sta	atement on this
PROD	ICER				CONTACT	CONTACT CE	NTER	
FEDERATED MUTUAL INSURANCE COMPANY					PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664			
HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060					E-MAII		ER@FEDINS.COM	
OVVATONINA, MIN 33000						NSURER(S) AFFOR		NAIC#
				ŀ			INSURANCE COMPANY	28304
INSUR	ED			333-575-9	INSURER B:			
	AUTOMOTIVE GROUP LLC, JOHN E	LWAY	CH	EVROLET	INSURER C:			
	PARKWAY DR E TREE, CO 80124-2754			ľ	INSURER D:			
LON	: IREE, CO 00124-2134			ľ	INSURER E:			
				ľ	INSURER F:			
COV	ERAGES CER'	ΓΙΓΙC	ATE I	NUMBER: 28	- 		REVISION NUMBER: 0	
II.	HIS IS TO CERTIFY THAT THE POLICIES DICATED, NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PER ND CONDITIONS OF SUCH POLICIES, LIMI	QUIRE LTAIN	MENT	I, TERM OR CONDITION O INSURANCE AFFORDED BY 1	F ANY CONTRACT THE POLICIES DES	T OR OTHER D	OCUMENT WITH RESPECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF [MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
-IR	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$500,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
Α		N	N	9159658	11/01/2017	11/01/2018	PERSONAL & ADV INJURY	\$500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT [Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	=							
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$10,000,000
Α	EXCESS LIAB CLAIMS-MADE	N	N	9159662	11/01/2017	11/01/2018	AGGREGATE	
	DED RETENTION						OTH-	<u> </u>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA					E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"	1				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					=	E.L. DISEASE - POLICY LIMIT	
	AUTO DEALER LIABILITY	N	N	9159658	11/01/2017	11/01/2018	AUTO LIAB - EA ACCIDENT	\$500,000
,							GENERAL LIABILITY	
A		1					- EACH ACCIDENT	\$500,000
		L					- AGGREGATE	\$1,000,000
ADD EP LLC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ITIONAL NAMED INSUREDS INCLUD BULLDOG LLC, EPD PROPERTIES L AGEKEEPERS COVERAGE IS PROVID	E LC,	JOHI	N ELWAY CADILLAC OF I	PARK MEADOWS,	JOHN ELWAY	CHRYSLER JEEP DODGE R	AM, EP BLAZER
<u></u>	TIEICATE HOLDED			······································	CANCELLATION			
	TIFICATE HOLDER				CARCELLATION		<u> </u>	
333-575-9 28 0					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
STATE OF COLORADO STATE PURCHASING OFFICE 633 17TH ST STE 1520					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DENVER, CO 80202-3609



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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 ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate does not confer rights to the certificate holder in field of such endorsement(s).							
PRODUCER FEDERATED MUTUAL INSURANCE C HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	×	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/G, No, Ext): 888-333-4949 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM					
Ottati Ottati int occor		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: FEDERATED SERVICE INSURANCE COMPANY	28304				
INSURED	333-575-9	INSURER B:					
JFMT AUTOMOTIVE GROUP LLC		INSURER C:	· 				
8201 PARKWAY DR		INSURER D:					
LONE TREE, CO 80124-2754		INSURER E:	_				
		INSURER F:					
COVERACES	CERTIFICATE NUMBER: 27	REVISION NUMBER: 0					

		 REVISION NUMBER: 0
COVERAGES	CERTIFICATE NUMBER: 27	KEAISION NOWDER: A

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	_	TYPE OF INSURANCE	ADDL	SUBR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
LTR	X	COMMERCIAL GENERAL LIABILITY	Nevn			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$500,000
	$\hat{-}$	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	\vdash							MED EXP (Any one person)	EXCLUDED
A	Н		N	N	9159658	11/01/2017	11/01/2018	PERSONAL & ADV INJURY	\$500,000
l ''	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000
		POLICY PRO-						PRODUCTS - COMP/OP AGG	\$1,000,000
		OTHER:							
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
		ANY AUTO						BODILY INJURY (Per person)	
	П	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	_	HIRED AUTOS ONLY AUTOS ONLY				ļ '	1	PROPERTY DAMAGE (Per accident)	
1		1							
	x	UMBRELLA LIAB X OCCUR					100	EACH OCCURRENCE	\$10,000,000
A		EXCESS LIAB CLAIMS MADE	N	N	9159662	11/01/2017	11/01/2018	AGGREGATE	
		DED RETENTION							
		ORKERS COMPENSATION						PER STATUTE OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	
			N/A					E.L. DISEASE - EA EMPLOYEE	
	ity	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	-	TO DEALER LIABILITY	N	N	9159658	11/01/2017	11/01/2018	AUTO LIAB - EA ACCIDENT	\$500,000
								GENERAL LIABILITY	
A							1	- EACH ACCIDENT	\$500,000
1								- AGGREGATE	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) GARAGEKEEPERS COVERAGE IS PROVIDED ON A EXCESS BASIS WITH A LIMIT OF \$3,100,000.

CERTIFICATE HOLDER	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