

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2016

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).											
PRODUCER						CONTACT					
Marsh USA Inc.						NAME: PHONE [AJC, No, Ext): [AJC, No]:					
1560 Sawgrass Corporate Pkwy, Suite 300						(A/C, No, Ext): (A/C, No):					
Sunrise, FL 33323 Attn: FtLauderdale.Certs@marsh.com Fax: 212-948-0513						ADDRESS:					
The second and an antiform an add to the ALA AA IA						INSURER(S) AFFORDING COVERAGE NA					
2233						INSURER A : ACE American Insurance Company				22667	
INSURED 2003 ANICE Administra Com						INSURER B:					
2233-AN/CF Acquisition Corp. DBA AutoNation Ford Littleton						INSURER C:					
8252 S Broadway						INSURER D:					
Littleton, CO 80122						INSURER E:					
COVERAGES CERTIFICATE NUMBER:						INSURER F: ATL-003959561-05 REVISION NUMBER:2					
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,											
E	XCLUSIONS AND CONDITIONS OF SUCH I	POLIC	CIES	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS			30.5	
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY			GAR H09051922		01/01/2017	01/01/2018	EACH OCCURRENCE	\$	4,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500.000	
l	X Products/Comp Ops	ĺ						MED EXP (Any one person)	s		
l.	A Floures comp ops	ĺ								500,000	
								PERSONAL & ADV INJURY	\$	5,000,000	
l	GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
l	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER.							Prem/Prod Comp Ops	\$ 5	500K/1MM EA OCC	
Α	AUTOMOBILE LIABILITY			GAR H09051922		01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	4,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
1	Y ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	-	
	▼ NON-OWNED							PROPERTY DAMAGE (Per accident)	s		
	AUTOS AUTOS							(Fer account)	5		
\vdash	UMBRELLA LIAB OCCUR							EAGU OCCURRENCE	s		
	- Joccon						1	EACH OCCURRENCE	-		
	CLAIMSTEADL							AGGREGATE	\$		
DED RETENTION \$								PER OTH-	5		
l	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A/N							PER OTH- STATUTE ER	—		
l	LANY PROPRIETOR/PARTNER/EXECUTIVE ()	N/A						E.L. EACH ACCIDENT	5		
l	(Mandatory in NH)							E L. DISEASE - EA EMPLOYEE	S		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E L. DISEASE - POLICY LIMIT	\$		
A	GARAGE LIABILITY			GAR H09051922		01/01/2017	01/01/2018	Any Auto Each Accident		4,000,000	
l	GARAGE KEEPERS LEGAL LIABILITY			GAR H09051922		01/01/2017	01/01/2018	Coll/Comp Coverage		4,000,000	
	CANAGE HEEF ENGLESSES			G. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		0110112011				1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EG /A	CORE	1484 Additional Remarks Schadu	le may b	a attached if mo	re enece le requi	adi.	-		
									wer anv	existing insurance	
State of Colorado is/are included as additional insured where required by written contract with respect to general fiability and auto fiability. This insurance is primary and non-contributory over any existing insurance and limited to fiability arising out of the operations of the named insured and where required by written contract with respect to general fiability and auto fiability.											
and an an an abandance of the control of the contro											
CERTIFICATE HOLDER CANCELLATIO											
CERTIFICATE HOLDER						ONTOLLENTION					
State of Colorado						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
State Purchasing & Contracts Office						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
1525 Sherman St					ACCORDANCE WITH THE POLICY PROVISIONS.						
Denver, CO 80203											
1	AUTHORIZED REPRESENTATIVE										

Juan Hemander

of Marsh USA Inc. Juan Hernandez