

**Company:**  
**Issued to:**

**Policy No.**

**Effective Date:**

**Expiration Date:**

This policy provides the coverages indicated for the following auto(s):

NO.	UNIT ID	YEAR, MAKE, VEHICLE TYPE	VIN NUMBER

**PHYSICAL DAMAGE**

NO.	Comp DEDUCTIBLE	COLLISION DEDUCTIBLE	STATED LIMIT

NO.	Comp DEDUCTIBLE	COLLISION DEDUCTIBLE	STATED LIMIT

**This certificate is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the policy.**

If we cancel the policy during the policy period, we will mail the "insured" and you the same advance notice.

If we make any payment to you, we will obtain your rights against any other party.

100% reinsured by Northland Insurance Company

**NAME & ADDRESS OF CERTIFICATE HOLDER - LOSS PAYEE**

**Date Issued:**

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Authorized Representative