

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2024

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

sta	tement on this certificate does not c	onter	rights	to the cert	ificate	e holder in lieu	of such endo	orsement(s).					
PRODUCER CONTACT NAME: Senlry Customer Service													
Sentry Insurance 1800 North Point Drive						NAME: Sentry Sesteme Service  PHONE (A/C, No, Ext): 800-473-6879  (A/C, No): 800-514-7191							
Stevens Point, WI 54481						EMAIL							
					AUUF	ADDRESS: businessproducts_direct@sentry.com  INSURER(S) AFFORDING COVERAGE							
					INSU			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	21180				
INSL	JRED				INSURER A : Sentry Select Insurance Company  INSURER B : Sentry Insurance Company								
	n Valley Tractor Inc Abernathy Rd				INSU	RER C :							
	eld, CA 94534-9709				INSU	RER D :							
					INSU	RER E :							
						INSURER F:							
CO	VERAGES CERTIFICA	ATE N	IUMB	ER: 410041	0		R	EVISION NUMBER:					
IND	S IS TO CERTIFY THAT THE POLICIES C ICATED. NOTWITHSTANDING ANY REQL ITIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN LICIES	ENT, T I, THE S. LIMIT	ERM OR CO INSURANCE S SHOWN M	NDITIO	ON OF ANY CO	NTRACT OR C	OTHER DOCUMENT WITH RESPECT SCRIBED HEREIN IS SUBJECT TO A	TO WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUM	MBER	DOLLOV EEE DOLLOV EVD							
	X COMMERCIAL GENERAL LIABILITY						<b>,</b>	EACH OCCURRENCE	\$ 1,000,000				
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000				
								MED EXP (Any one person)	\$ 5,000				
Α				495392300	3	01/01/2025	01/01/2026	PERSONAL & ADV INJURY	\$ 1,000,000				
	CENT ACCRECATE LIMIT ADDI IES DED.							GENERAL AGGREGATE	\$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000				
	- rocio - rec							PRODUCTS - COMPTOP AGG					
	OTHER:							COMBINED SINGLE LIMIT	\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$				
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
						77 - 47 - 5			\$				
	X UMBRELLA LIAB X OCCUR						01/01/2026	EACH OCCURRENCE	\$ 2,000,000				
Α	X EXCESS LIAB CLAIMS-MADE			495392300	4	01/01/2025		AGGREGATE	\$ 6,000,000				
	DED RETENTION \$							PRODUCTS - COMP/OP AGG	\$ 6,000,000				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						01/01/2026	X PER OTH- STATUTE ER					
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		495392300	5 0	01/01/2025		E.L. EACH ACCIDENT	\$ 500,000				
	OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 500,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000				
							2						
					1								
			İ										
					i								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (	ACORD	101, Addition	al Rem	arks Schedule, ma	y be attached if m	nore space is required)					
CER	TIFICATE HOLDER				CANCELL	CANCELLATION							
Tehan	na County Air Pollution Control District					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
	x 1169 luff, CA 96080-1169					THE EXPIR	RATION DATE	THEREOF, NOTICE WILL BE D					
						ACCORDANCE WITH THE POLICY PRÓVISIONS.  AUTHORIZED REPRESENTATIVE							
						Ithu Hesland							
					Jan Hyland								

ACORD 25 (2016/03)

Page 1 of 2

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AGENCY Lloyd Perez POLICY NUMBER 4953923003 AGENCY CUSTOMER ID: XXXXXX1456

ADDITIONAL REMARKS SCHEDULE  Page 2 of 2								
	NAMED INSURED							
	Green Valley Tractor Inc							
NAIC CODE	_							

LOC #: \_

CARRIER				NAIC CODE					
Sentry Select Insurance	e Company			21180	EFFECTIVE DATE: 01/01/2025				
ADDITIONAL RE									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER:	DRM NUMBER: _ACORD 25								
0.					30.40				



## CERTIFICATE OF LIABILITY INSURANCE

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310	itement on this certificate does not o	onici	rigino	to the cert	incat	e noider in ned	or such enuc	nocincin(o).				
PRC	DUCER				CONTACT NAME: Sentry Customer Service							
	ry Insurance D North Point Drive				PHONE (A/C, No, Ext): 800-473-6879 (A/C, No): 800-514-7191							
	ens Point, WI 54481				FMAI	EMAIL						
					ADDI	ADDRESS: businessproducts_direct@sentry.com  INSURER(S) AFFORDING COVERAGE						
					INSU	RER A : Sentry Sel	ect Insurance Com	pany	21180			
	JRED				INSU	RER B : Sentry Insu	urance Company		24988			
	en Valley Tractor Inc 5 Abernathy Rd				INSU	RER C :						
	ield, CA 94534-9709				INSU							
					INSU	RER E :						
						RER F :		The second secon				
CO	VERAGES CERTIFICA	ATE N	IUMBE	ER: 410041	0		R	EVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO						ELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EAFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUM	IBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000			
							04/04/0005	MED EXP (Any one person) \$	5,000			
Α			495392300		01/01/2024	01/01/2025	PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3,000,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000			
	OTHER:							\$	5			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	3			
	ANY AUTO							BODILY INJURY (Per person) \$	i			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	i			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
								\$				
	X UMBRELLA LIAB X OCCUR	OCCUR				No. Carana Managarana		EACH OCCURRENCE \$	2,000,000			
Α	X EXCESS LIAB CLAIMS-MADE			4953923004	⁴	01/01/2024	01/01/2025	AGGREGATE \$	6,000,000			
	DED RETENTION \$								6,000,000			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					X PER OTH- STATUTE ER						
в	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		4953923005		01/01/2024	01/01/2025	E.L. EACH ACCIDENT \$	500,000			
٦	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	500,000			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000				
							l					
- 1		- 1	- 1		- 1	1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PO Box 1169 Red Bluff, CA 96080-1169

Tehama County Air Pollution Control District

**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

John Hyland



AGENCY CUSTOMER ID: XXXXXX1456

LOC #: \_\_\_\_

ADDITIONAL REMARKS SCHEDULE

AGENCY
Lloyd Perez

Policy Number
4953923003

CARRIER
Sentry Select Insurance Company

ADDITIONAL REMARKS

ADDITIONAL REMARKS

Page 2 of 2

NAMED INSURED
Green Valley Tractor Inc

Policy Number
4953923003

EFFECTIVE DATE: 01/01/2024

ADDITIONAL REMARKS

CARRIER				NAIC CODE					
Sentry Select Insurance	ce Company			21180	EFFECTIVE DATE: 01/01/2024				
ADDITIONAL RE									
THIS ADDITIONAL	DEMARKS	ORM IS A SCHEDU	LE TO ACOR	D FORM					
1									
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of	f Liability Insuranc	ce				