

Date: July 22, 2019

Dear Guy & Heather,

Please see the enclosed form(s) from Liberty Mutual.

- Certificate of Automobile Insurance (Binder)

Thank you for insuring with Liberty Mutual. We look forward to providing you with quality coverage and outstanding service.

Sincerely,

Liberty Mutual



### **ACTION REQUIRED:**

Please review and keep  
with your insurance  
documents.



### **CONTACT US**

For questions, please  
call us at  
1-985-327-6347.

**CERTIFICATE OF AUTOMOBILE INSURANCE**

THIS IS TO CERTIFY THAT the named insured is, at the date of this certificate, insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy.

**INSURED'S NAME AND ADDRESS**

Guy G Kemper  
Heather R Kemper  
1425 Elliston Ln  
Versailles, KY 40383-8902

**FOR LIEN HOLDER INQUIRIES, CALL OR WRITE**

1-800-409-0733  
P O BOX 29017  
PHOENIX, AZ 85038

**DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED**

Policy Number: AOS-288-313106-40 Effective Date: 03/01/2019 Expiration Date: 03/01/2020

	PART A	PART B	PART D — DAMAGE TO YOUR AUTO COVERAGE		
COVERAGES:	BODILY INJURY PROPERTY DAMAGE	MEDICAL PAYMENTS COVERAGE	COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS	
				Loss Caused by Collision	Loss Other Than Loss Caused by Collision
Limits of Liability	100/300 100	NO COV	No	“ACV” indicates Actual Cash Value Less Deductible	“ACV” indicates Actual Cash Value Less Deductible
* Includes Medical Expense	Accidental Death Benefit: \$		Protection Against Uninsured Motorists Coverage — Limit Selected: \$50/100		
POLICY INCLUDES: <input type="checkbox"/> BASIC NO FAULT COVERAGE <input type="checkbox"/> OPTIONAL NO FAULT COVERAGE					

**DESCRIPTION OF AUTOMOBILES**

Year of Model	Trade Name	Body Type	Identification or Serial Number
2015	RAM	WAG4X24D	ZFBERFAT7F6A30017

**ADDITIONAL INTEREST**

Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest hereinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

**NAME AND ADDRESS:**

The insurance described herein is in effect on the date of this certificate and shall remain in force until canceled in accordance with the terms of the policy.

Loss PAYEE and ADDRESS

 

Secretary

President

Dated: 07/22/2019 at: 02:17 PM

  
Countersigned  
AUTHORIZED REPRESENTATIVE

**LOSS PAYEE**

Such insurance as is afforded by the policy for loss of or damage to the automobile is payable, as interest may appear, to the named insured and the Loss Payee indicated on the previous page in accordance with the terms of the Loss Payable Clause.

Term of Loan:                      From: \_\_\_\_\_ To: \_\_\_\_\_

**LOSS PAYABLE CLAUSE**

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Loss or damage, under this policy, shall be paid as interest may appear to you and the loss payee shown on the front of this certificate. This insurance covering the interest of the loss payee shall not become invalid because of your fraudulent acts or omissions, unless the loss results from your conversion, secretion or embezzlement of **your covered auto**. However, we reserve the right to cancel the policy as permitted by policy terms, and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee, we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

**NOTICE TO OTHERS IF CANCELLATION OCCURS**

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"We" will not cancel "Your" Policy or reduce the insurance under any of its coverages until at least 10 days after we have mailed a written notice of such cancellation or reduction to the person(s) named as additional interest on reverse side.

AS1019 (ed 12-89)