

PLEASE GIVE THIS FORM TO YOUR INSURANCE AGENT FOR COMPLETION. THIS IS THE ONLY CERTIFICATE FORM THAT WILL BE ACCEPTED BY THE CITY AND COUNTY OF DENVER.

**CITY AND COUNTY OF DENVER  
CERTIFICATE OF INSURANCE FOR  
DEPARTMENT OF AVIATION (04/21/2004)**

Original COI

Advice of Renewal

Change

Party to Whom this Certificate is Issued: CITY AND COUNTY OF DENVER Manager of Aviation c/o Ground Transportation Denver International Airport 8500 Pena Boulevard, Room 6860 Denver, CO 80249	Name and Address of Insured: Denver Lincoln Limousine, Inc. 4660 S. Yosemite St. #9733 Greenwood Village, CO 80111
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**I. MANDATORY COVERAGE**

**BAL-1. Business Automobile Liability Coverage**

Coverage	Minimum Limits of Liability (In Thousands)	Policy No. & Company	Policy Period
Business Automobile Liability (coverage at least as broad as ISO form CA 0001) <input type="checkbox"/> Symbol 1 (any auto) coverage <input type="checkbox"/> Symbol 8 & 9 (hired & non-owned) coverage <input checked="" type="checkbox"/> Scheduled autos	Combined Single Limit <input type="checkbox"/> Couriers \$300 <input type="checkbox"/> Taxicabs \$500 <input checked="" type="checkbox"/> Vans & Limos to 15 passengers \$1,000 <input type="checkbox"/> Buses to 31 passengers \$1,500 <input type="checkbox"/> Buses 32 or more passengers \$5,000 <input type="checkbox"/> Carriers Operating Under Federal Authority – Vehicles of Any Capacity \$1,500	CAOL006535 National Casualty Ins. Co. – Auto Liability	02/03/05 – 02/03/06

Any Policy issued under this section must contain, include or provide for the following:

- Symbol 1, coverage for any auto. If no autos are owned, Symbols 8 & 9, (Hired and Non-owned) auto liability.
- City, its officers, officials, and employees as additional insureds, per ISO form CG2026 or its equivalent.
- Schedule of vehicles, including VIN numbers, must be attached.
- This policy includes coverage for any contract drivers hired by permit holder.

**II. ADDITIONAL CONDITIONS**

It is understood and agreed, for the benefit of the City, that the following additional conditions shall apply to all coverage specified herein:

- All coverage provided herein shall be primary and any insurance maintained by the City shall be considered excess.
- The City shall have the right to verify or confirm, at any time, all coverage, information or representations contained herein, and the insured and its undersigned agent shall promptly and fully cooperate in any such audit the City may elect to undertake.
- Advice of renewal is required
- All insurance companies issuing policies hereunder must carry at least an: A-VIII rating from A.M. Best Company or obtain a written waiver of this requirement from the City's Risk Administrator.
- No changes, modifications or interlineations on this Certificate of Insurance shall be allowed without the review and approval of the Risk Administrator prior to contract execution.

**III. NOTICE OF CANCELLATION**

It is understood and agreed that should any Policy issued hereunder be cancelled or non-renewed before the expiration date thereof, the issuing company or its authorized Agent shall mail to the address shown above, by mail, return receipt requested, forty-five (45) days prior written notice ten (10) days for non-payment of premium, referencing the contract/project number set forth herein.

IV. CERTIFICATE VERIFICATION BY AUTHORIZED INSURANCE AGENT

STATE OF Nevada )

COUNTY OF Clark )

I, Lee A. Martinez, being first duly sworn, state and aver, under penalty of law, that I am familiar with the insurance coverage maintained by the Insured, Denver Lincoln Limousine, Inc.; that I have reviewed the coverage requirements set forth in the foregoing Certificate of Insurance; that I have completed the foregoing Certificate and that the information contained in the Certificate is true and correct to the best of my knowledge and the referenced policies are in full force and effect. I further state and aver, under penalty of law that I am authorized by the identified companies to place the coverage specified in the Certificate and I understand that the City will rely on the representations I have provided.

This information is provided for City and County of Denver Department of Aviation Commercial Ground Transportation Permit Holder \_\_\_\_\_, Account number \_\_\_\_\_.

By: [Signature]  
(Signature)

Agency: Mountain West Insurance Agency

Lee A. Martinez  
(Printed name)

Address: 5255 S. Decatur Blvd., Suite 100

Title: Producer

Las Vegas, NV 89118

Producer License Number: NP100065317

State of Licensing: CO - Non-Resident

Telephone number with Area Code: 702-364-4727

Subscribed and sworn to before me by Barbara Saccamano, on the 26 day of May, 2005.

WITNESS MY HAND AND OFFICIAL SEAL.

My Commission expires: 12-29-07

[Signature]  
Notary Public

Please list vehicles:

- 2000 Lincoln VIN 1LNHM81W6YY874287
- 2000 Lincoln VIN 1LNHM83W7YY939158
- 2001 Lincoln VIN 1LNHM84W41Y722588
- 2000 Lincoln VIN 5LMFU28A3YLJ33460
- 2002 Lincoln VIN 5LMFU28R52LJ00652
- 1998 Lincoln VIN 1L1FM81W8WY715941
- 1999 Lincoln VIN 1L1FM81W1XY601961
- 1999 Lincoln VIN 1L1FM81W2XY691837
- 2005 Lincoln VIN 5LMFU28565LJ01780
- 2005 Lincoln VIN 1LNHM84WX5Y653895

