

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

23035

POLICY NUMBER

AS2-661-066330-039

COMPANY NAME AND ADDRESS

Liberty Mutual Fire Insurance Company

175 Berkeley Street

Boston, MA 02117

EFFECTIVE DATE

5/1/2019

EXPIRATION DATE

5/1/2020

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

Any Owned/Leased/Rented Vehicles

AGENCY/COMPANY ISSUING CARD

Willis of Oregon, Inc.

c/o 26 Century Blvd

P.O. Box 305191

Nashville, TN 372305191 USA

INSURED

J.H. Kelly Holdings, LLC

JH Kelly, LLC

PO Box 2038

Longview, WA 98632

REPORT CLAIMS TO:

(800) 362-0000

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED

VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

1163180

17849919

W11002001