

COMPANY NAME:

FARMERS INSURANCE EXCHANGE, LOS ANGELES, CALIFORNIA

EVIDENCE OF INSURANCE FOR LIENHOLDER INTERESTS

Insured's name and address: GEOFFREY RICHMAN 141 CONVENT CT SAN RAFAEL, CA 94901-1335		POLICY NO: 194588765 POLICY EDITION: 4TH EFFECTIVE DATE: 09/29/2011 EXPIRATION DATE: CONTINUOUS UNTIL CANCELLED EXPIRATION TIME: 12:01 A.M. Standard Time
Issuing office: NW ServicePoint 23175 NW Bennett St., Hillsboro, OR 97124		AGENT: Don L Bryant AGENT NO: 96 66 33A AGENT PHONE: (415)472-7920

Description of vehicle

Year	Make	Model	Vehicle Identification Number
2002	BMW	540 I 4D	WBADN53402GF70802

COVERAGES

Coverage	Limits/Deductible		Coverage	Limits/Deductible	
Liability Bodily Injury Property Damage	Each Person	Each Occurrence	Comprehensive Deductible	\$250 Deductible	
		\$1,000,000	Collision Deductible	\$500 Deductible	
		Covered	Towing	Not Covered	
UNINSURED MOTORIST Bodily Injury Property Damage	Each Person	Each Occurrence	Other	Covered	
		\$1,000,000	Non-Auto	Liability	Not Covered
		Covered		Medical	Not Covered
Medical/No-Fault	\$5,000			\$1,000	

This evidence is subject to all of the terms, conditions and limitations set forth in the policy(ies) and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

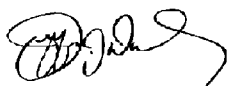
1st Lienholder:

Additional Interest:

CITY OF MANTECA

1001 W CENTER ST

MANTECA CA 95337-4302



Authorized Representative

10/26/2011

Date

AGENT NAME & ADDRESS:

Don L Bryant

121 Paul Dr Ste A1

San Rafael, CA 94903-2047

25-6439 5-08

AGENT NO: 96 66 33A

AGENT PHONE: (415)472-7920

A6439101

The following table explains the meaning of coverage designations used on the first page, under "Coverage." applicable coverages may be indicated by the abbreviation "COV" or by a dollar amount expressing the limit of liability for that coverage. "NC" and "NOT COV" mean "not covered," and "MAX" means "maximum deductible."

COVERAGE DESIGNATIONS

BI/Bodily Injury	—	Bodily Injury Liability	COMP	—	Comprehensive Car Damage
PD	—	Property Damage Liability	COLLISION	—	Collision - Upset
UM/UMPD	—	Benefits for Bodily Injury caused by Uninsured Motorists (including Property Damage if a coverage amount is listed)	Non-Auto	—	Comprehensive Personal Liability, each occurrence Medical Payments to Others, each person Damage to Property of Others, see policy for limits of occurrence.
UIM	—	Benefits for Bodily Injury caused by Uninsured Motorists	Tow	—	Towing and road service coverage.
MED/Medical	—	Medical Expense Insurance, Family Medical Expense, and Guest Medical Expense (see policy provision)	Other	—	One or more miscellaneous coverages added by endorsement to the policy.
No-Fault	—	Coverage and endorsements added, if applicable			

Loss Payable Provisions

*These provisions are applicable only if a lienholder is named, and if no other Automobile loss payable endorsement is attached to the policy.

It is agreed that any payment for loss or damage to the vehicle(s) described in this policy to which this lien extends shall be made on the following basis:

- 1 At our option, loss or damage to said vehicle(s), shall be paid as interest may appear to the policyholder and the lienholder shown in the Declarations, or by repair of the damaged vehicle.
- 2 Any act or neglect of the policyholder or a person acting on his behalf shall not void the coverage afforded to the lienholder.
- 3 Change in title or ownership of the said vehicle(s), or error in its description shall not void coverage afforded to the lienholder.

The policy does not cover conversion, embezzlement or secretion of the said vehicle(s) by the policyholder or anyone acting in his behalf while in possession under a contract with the lienholder.

A payment may be made to the lienholder which we would not have been obligated to make except for these terms. In such event, we are entitled to all the rights of the lienholder to the extent of such payment. The lienholder shall do whatever is necessary to secure such rights. No subrogation shall impair the right of the lienholder to recover the full amount of its claim.

We reserve the right to cancel this policy at any time as provided by its terms. In case of cancellation or lapse we will notify the lienholder at the address shown in the Declarations. We will give the lienholder advance notice of not less than 10 days from the effective date of such cancellation or lapse as respects his interest. Mailing notice to the loss payee is sufficient to effect cancellation.

The following applies as respects any loss adjusted with the mortgagee interest only:

- 1 Any deductible applicable to Comprehensive Coverage shall not exceed \$250.
- 2 Any deductible applicable to Collision Coverage shall not exceed \$250.