



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

09/06/2023

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER SHEPHERD INS GROUP INC 12007 E 13TH ST N WICHITA, KS 67206	CONTACT NAME: PHONE (A/C, No, Ext): 316-869-1235	FAX (A/C, No): 316-512-2396	
	E-MAIL ADDRESS: PRODUCER CUSTOMERID #:		
INSURED TAI MINH NGUYEN 709 S HILLSIDE ST WICHITA, KS 67211-3003	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A : THE STANDARD FIRE INSURANCE COMPANY		19070
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			

DESCRIPTION OF VEHICLE OR EQUIPMENT					
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	
2013	LEXUS	RX 350	PU	2T2ZK1BA4DC105998	
DESCRIPTION				SERIAL NUMBER	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	6145117272031	08/03/2023	08/03/2024	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 100,000
						BODILY INJURY (Per accident)	\$ 300,000
						PROPERTY DAMAGE	\$ 100,000
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		OCCURRENCE				GENERAL AGGREGATE	\$
		CLAIMSMADE					\$
							\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	6145117272031	08/03/2023	08/03/2024	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	6145117272031	08/03/2023	08/03/2024	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>					\$
							\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST	CANCELLATION
Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST
NAME AND ADDRESS OF ADDITIONAL INTEREST	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/>
	LOAN / LEASE NUMBER
	AUTHORIZED REPRESENTATIVE

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TRAVELERS^J Kansas Automobile Insurance Identification Card

This card must be carried in the vehicle at all times as evidence of insurance.

Year Make Model
2013 LEXUS RX 350

Vehicle identification number (VIN)
2TZZK1BA4DC105998

Policy number
614511727 203 1

Effective date Expiration date
08/03/2023 08/03/2024

Insured
TAI MINH NGUYEN

Company: THE STANDARD FIRE INSURANCE COMPANY

For policy questions and changes
SHEPHERD INS GROUP INC
316.869.1235

To report a claim or get roadside assistance 24 hours x 365 days a year
Go to Travelers.com or Call 1.800.252.4633

Keep this card in the vehicle at all times. See reverse side.

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Keep this card for motor vehicle registration. See reverse side.

In case of an accident, once you are in a safe location:

- Contact us at Travelers.com or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

Before an accident happens, be prepared

- Keep a pencil and paper in your glove box to write down and share information.
- Get the Travelers Mobile app and learn more about our tools at www.travelers.com/app.

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