



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2015

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Zurich - Account Service Center 7045 College Blvd Overland Park, KS 66211 Fax: 888-734-6776 Ph: 877-225-5276	CONTACT NAME: Zurich - Account Service Center		
	PHONE (A/C No. EXT): 877-225-5276	FAX (A/C No.): 888-734-6776	
E-MAIL ADDRESS: service.center@zurichna.com			
INSURED 014484603 WALTERS BAYER AUTOMOTIVE GROUP, LLC 2030 EAST FLAMINGO ROAD LAS VEGAS, NV 89119	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Universal Underwriters Insurance Company		41181
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	ADD'L INSRZ	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	337378	08/01/2015	08/01/2016	EACH OCCURENCE \$500,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> COMP/COLL DED	<input type="checkbox"/>	<input type="checkbox"/>	337378	08/01/2015	08/01/2016	COMBINED SINGLE LIMIT (Ex Accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	<input type="checkbox"/>	<input type="checkbox"/>	337380	08/01/2015	08/01/2016	EACH OCCURRENCE \$20,000,000 AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>	337378	08/01/2015	08/01/2016	OTHER THAN AUTO ONLY EACH ACC: \$500,000
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Reason for Certificate: LOAN AGREEMENT - AUTO INVENTORY & BUILDING
30 Day notice of cancellation applies, except for cancellation due to non payment of premium.
See Additional Remarks Schedule Attached

CERTIFICATE HOLDER FORD MOTOR CREDIT P O BOX 17948 GREENVILLE, SC 29606 Attn: Fax:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Nancy D. Mueller</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Zurich - Account Service Center		NAMED INSURED WALTERS BAYER AUTOMOTIVE GROUP, LLC 2030 EAST FLAMINGO ROAD LAS VEGAS, NV 89119	
POLICY NUMBER 337378		EFFECTIVE DATE: 08/01/2015	
CARRIER Universal Underwriters Insurance Company	NAIC CODE 41181		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM;
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Named Insured(s) Include: WG LEXINGTON HY, LLC DBA GLENN FORD LINCOLN, WG LEXINGTON CDJRF, LLC DBA GLENN'S FREEDOM DODGE CHRYSLER JEEP RAM ADDED EFFECTIVE 8-1-14, WG LEXINGTON FT, LLC, DBA FIAT OF LEXINGTON, LEXINGTON NEW CIRCLE FREEDOM REAL PROPERTY, LLC, LEX FL NICHOLASVILLE, LLC 4080 LEXINGTON RD NICHOLASVILLE, KY 40356, WG LEXINGTON HY, LLC DBA GLENN HYUNDAI, WG LEXINGTON NISS, LLC DBA GLENN NISSAN, WG LEXINGTON BG, LLC DBA GLENN BUICK-GMC, WG LEXINGTON INF, LLC DBA INFINITI OF LEXINGTON, WG NICHOLASVILLE HY, LLC DBA HYUNDAI OF NICHOLASVILLE, BW AUTO VENTURES, LLC, WG LEXINGTON MIT, LLC DBA GLENN MITSUBISHI, WG AUTOMOTIVE GROUP, LLC, WG NICHOLASVILLE NISS, LLC DBA NICHOLASVILLE NISSAN

Covered Location(s) Include: 2030 EAST FLAMINGO ROAD LAS VEGAS, NV, 89119; 4080 LEXINGTON ROAD FORD LINCOLN NICHOLASVILLE, KY, 40356; 4080 LEXINGTON ROAD REAR OF LOC 02 NICHOLASVILLE, KY, 40356; 1560 EAST NEW CIRCLE ROAD LEXINGTON, KY, 40509; 1520 EAST NEW CIRCLE ROAD FIAT LEXINGTON, KY, 40509; 111 WOODLAND AVE #608 LEXINGTON, KY, 40502; 3340 RICHMOND ROAD 3310-20 RICHMOND ROAD LEXINGTON, KY, 40509; 3360 RICHMOND ROAD NISSAN LEXINGTON, KY, 40509; 3380 RICHMOND ROAD BUICK GMC LEXINGTON, KY, 40509; 3390 RICHMOND ROAD INFINITI LEXINGTON, KY, 40509; 3035-37 LEXINGTON ROAD HYUNDAI NICHOLASVILLE, KY, 40356; 3001 LEXINGTON RD MITSUBISHI NICHOLASVILLE, KY, 40356; 2159 LEXINGTON RD NISSAN NICHOLASVILLE, KY, 40356

Certificate Holder is named as Loss Payee with respect to Auto Inventory.

Auto Inventory
 Limit: \$76,046,710
 \$2,500/\$50,000 Comp
 \$2,500 Coll
 Extended Theft Limit: \$100,000
 Windstorm/Hall Ded: \$750

Certificate Holder is named as Loss Payee/Mortgagee with respect to location(s):

4080 LEXINGTON ROAD FORD LINCOLN, NICHOLASVILLE KY 40356 ; 4080 LEXINGTON ROAD REAR OF LOC 02, NICHOLASVILLE KY 40356

Location: 02 - 4080 LEXINGTON ROAD FORD LINCOLN NICHOLASVILLE , KY 40356
 Building - Special Form
 Limit: \$4,496,448
 Ded: \$5,000
 Wind/Hall Ded: \$5,000
 Breakdown Ded: \$5,000
 Earthquake Ded: NO COVER
 Coinsurance: NONE
 Endorsement 0077 Applies: Value Protection (Guaranteed Replacement Cost)

Locallon: 03 - 4080 LEXINGTON ROAD REAR OF LOC 02 NICHOLASVILLE , KY 40356
Building - Special Form
Limit: \$1,384,876
Ded: \$5,000
Wind/Hail Ded: \$5,000
Breakdown Ded: \$5,000
Earthquake Ded: NO COVER
Coinsurance: NONE
Endorsement 0077 Applies: Value Protection (Guaranteed Replacement Cost)