Liberty Mutual
PO Box 958416
Lake Mary FL 32795

Liberty Mutual INSURANCE

Briara McKenzie
551 Sharon Ln
Hamilton, OH 45013-3705

CONTACT US
For questions, please call us at
1-800-225-8285

Date: January 31, 2024

Dear Briara,

Please see the enclosed form(s).

- Certificate of Automobile Insurance (Binder)

Thank you for being a loyal Liberty Mutual customer.

Sincerely,

Liberty Mutual

Liberty Mutual INSURANCE

CERTIFICATE OF AUTOMOBILE INSURANCE

THIS IS TO CERTIFY THAT the named insured is, at the date of this certificate, insured by the company with respect to the automobiles hereinafter described for the types of insurance and respective coverages hereinafter designated by entry of the limits of liability or a statement that the coverage is in effect and in accordance with the provisions of the Automobile Policy in use by said company.

Coverage under this insurance is conditioned upon the initial premium payment being received on time and honored at presentment to the bank or other financial institution. If the initial payment is not received, or if the initial payment is not honored, any policy delivered pursuant to this certificate is void from its inception. There will be no policy or coverage and we will not be liable for any claims or damages.

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy.

INSURED'S NAME AND ADDRESS

Briara McKenzie
551 Sharon Ln
Hamilton, OH 45013-3705

FOR LIEN HOLDER INQUIRIES, CALL OR WRITE

1-800-409-0733
P O BOX 29017
PHOENIX, AZ 85038

DESCRIPTION OF THE INSURANCE FOR WHICH THIS CERTIFICATE IS ISSUED

Policy Number: AOV28188250675 Effective Date: 10/13/2023 Expiration Date: 10/13/2024

	PART A	PART B	PART D — DAMAGE TO YOUR AUTO COVERAGE		
COVERAGES:	BODILY INJURY PROPERTY DAMAGE	MEDICAL PAYMENTS COVERAGE	COVERAGE FOR LOSS CAUSED BY COLLISION INCLUDED	DEDUCTIBLE AMOUNT APPLICABLE TO EACH LOSS IN DOLLARS	
				Loss Caused by Collision	Loss Other Than Loss Caused by Collision
Limits of Liability	$25/50 $25000	No Coverage	Yes	"ACV" indicates Actual Cash Value ACV Less $1000 Deductible	"ACV" indicates Actual Cash Value ACV Less $1000 Deductible
* Includes Medical Expense	Accidental Death Benefit: $		Protection Against Uninsured Motorists Coverage — Limit Selected:No Coverage		

DESCRIPTION OF AUTOMOBILES

Year of Model	Trade Name	Body Type	Identification or Serial Number
2019	NSSN	UTL4X24D	3N1CP5CU0KL541286

ADDITIONAL INTEREST

Such insurance as is afforded under the Liability Coverage of the policy shall also apply, with respect to covered autos, to each interest hereinafter named, as an insured; but such inclusion of additional interest or interests shall not operate to increase the limit of the company's liability.

NAME AND ADDRESS:

The insurance described herein is in effect on the date of this certificate and shall remain in force until canceled in accordance with the terms of the policy.

Loss PAYEE and ADDRESS

Nissan Infiniti LT & NILT Inc
PO Box 390888
Minneapolis, MN 55439

Secretary President

Dated: 01/31/2024 at: 12:40 PM

Countersigned
AUTHORIZED REPRESENTATIVE

LOSS PAYEE

Such insurance as is afforded by the policy for loss of or damage to the automobile is payable, as interest may appear, to the named insured and the Loss Payee indicated on the previous page in accordance with the terms of the Loss Payable Clause.

Term of Loan: From: 04/30/2020 To: 04/30/2026

LOSS PAYABLE CLAUSE

Loss or damage, under this policy, shall be paid as interest may appear to you and the loss payee shown on the front of this certificate. This insurance covering the interest of the loss payee shall not become invalid because of your fraudulent acts or omissions, unless the loss results from your conversion, secretion or embezzlement of **your covered auto.** However, we reserve the right to cancel the policy as permitted by policy terms, and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee, we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

NOTICE TO OTHERS IF CANCELLATION OCCURS

"We" will not cancel "Your" Policy or reduce the insurance under any of its coverages until at least 10 days after we have mailed a written notice of such cancellation or reduction to the person(s) named as additional interest on reverse side.

AS1019 (ed 12-89)