



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/28/2015

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).

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office 3565 Piedmont Rd NE, Bldg1, #700 Atlanta GA 30305 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext.): (866) 283-7122      FAX (A/C. No.): 800-363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Asbury Automotive Group, Inc. 2905 Premiere Parkway Suite 300 Duluth GA 30097 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Liberty Insurance Corporation		42404
	INSURER B: Liberty Mutual Fire Ins Co		23035
	INSURER C: National Union Fire Ins Co of Pittsburgh		19445
	INSURER D:		
	INSURER E:		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570058821255**      **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.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			AV2-651-290229-025 GL/Garage (FL,VA) AV2-651-290229-085 GL/Garage(AOS)	03/01/2015	03/01/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AV2-651-290229-025 Auto/Garage (FL,VA) AV2-651-290229-085 Auto/Garage (AOS)	03/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Garagekeepers Liability \$1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			19961851	03/01/2015	03/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WA765D290229015 (AOS)	03/01/2015	03/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570058821255

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Named Insured Includes: Asbury Jax Ford, LLC d/b/a Coggin Ford.  
 Contract 2518 and City of Tallahassee is/are included as additional insured where required by written contract with respect to General Liability and Auto Liability. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. Waiver of subrogation is applicable where required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Tallahassee 300 S. Adams Street Tallahassee FL 32301 USA	<b>CANCELLATION</b>  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>Aon Risk Services South Inc.</i>
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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/28/2015

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Beecher Carlson Insurance Services 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328 (ATL) Diane Stalcup www.beechercarlson.com	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS SEE ATTACHED	NAIC NO:
FAX (A/C, No): 770-870-3031	E-MAIL ADDRESS: dstalcup@beechercarlson.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE All Risk Property including Vehicles in the Open	
AGENCY CUSTOMER ID #:		LOAN NUMBER	POLICY NUMBER SEE ATTACHED
NAMED INSURED AND ADDRESS Asbury Automotive Group, Inc. and each of its subsidiaries 2905 Premiere Parkway - Suite 300 Duluth GA 30097		EFFECTIVE DATE 3/1/2015	EXPIRATION DATE 3/1/2016
ADDITIONAL NAMED INSURED(S) Asbury Jax Ford, LLC d/b/a Coggin Ford		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION Certificate holder is included as Additional Insured to the extent required by written contract only.

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DED
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$75,000,000				DED: \$100,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES NO N/A			Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		YES NO N/A			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		YES NO N/A			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE		YES NO N/A			If YES, LIMIT: DED:
FUNGUS EXCLUSION (if "YES", specify organization's form used)		YES NO N/A			Mold & Fungus E xclusion Endorsement LX9512(08/02)
REPLACEMENT COST		YES NO N/A			
AGREED VALUE		YES NO N/A			
COINSURANCE		YES NO N/A			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		YES NO N/A			If YES, LIMIT: \$75,000,000 DED: \$100,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		YES NO N/A			If YES, LIMIT: \$10,000,000 DED: \$100,000
- Demolition Costs		YES NO N/A			If YES, LIMIT: Included Above DED: \$100,000
- Incr. Cost of Construction		YES NO N/A			If YES, LIMIT: Included Above DED: \$100,000
EARTH MOVEMENT (If Applicable)		YES NO N/A			If YES, LIMIT: \$50,000,000 * DED: \$100,000 *
FLOOD (If Applicable)		YES NO N/A			If YES, LIMIT: \$50,000,000 * DED: \$100,000 *
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		YES NO N/A			If YES, LIMIT: \$75,000,000 DED: \$100,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		YES NO N/A			If YES, LIMIT: \$75,000,000 DED: \$100,000 *
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		YES NO N/A			

## 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.

## ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE <input checked="" type="checkbox"/>	Additional Insured	
NAME AND ADDRESS City of Tallahassee 300 S. Adams Street Tallahassee FL 30097		AUTHORIZED REPRESENTATIVE  Sharon D. Brainard

*\*Overall policy limit and general deductible shown. Additional sublimits & deductibles apply.*

**Asbury Automotive Group  
 Property Certificate Attachment  
 Policy Term: 3/1/2015 – 3/1/2016**

Carrier	Policy Number	Participation	Layer
Lloyds of London	PG1500553	40.0%	Primary \$10M
Lexington Insurance Company	044065060	40.0%	Primary \$10M
Ironshore Specialty Insurance Company	002310000	20.0%	Primary \$10M
Liberty Surplus Insurance Corporation	1000144860-01	20.0%	\$15M xs \$10M
Westport Insurance Corporation	NAP 2000433 00	50.0%	\$65M xs \$10M
Aspen Specialty Insurance Corporation	PXAF8Y215	17.5%	\$40M xs \$10M
Alterra Excess & Surplus Insurance Company	MKLS11XP002929	12.5%	\$40M xs \$10M
International Insurance Co. of Hannover	TRU2015020028	20.0%	\$50M xs \$25M
Steadfast Insurance Company	XPP0111449-00	30.0%	\$25M xs \$50M
Hiscox, Inc.	UTS2537608.15	100.0%	\$75M - Terrorism Only