



DEPARTMENT OF FINANCE  
Oscar Knott, CPP, CPPO, VCO  
Purchasing Director

COMMONWEALTH OF VIRGINIA  
**County of Henrico**

December 22, 2023

Mr. Tommy Thrift  
Crossroads Of Virginia, Inc.  
4500 White Hill Blvd  
Prince George, VA 23875

**RE: Contract # 2313A- Genuine OEM Repair Services and Parts for Automobiles, Sport Utility Vehicles ("SUV"), Cargo and Passenger Vans, and Light/Medium Duty Trucks**

Dear Mr., Thrift:

The annual contract the County has with your company to provide **Genuine OEM Repair Services and Parts for Automobiles, Sport Utility Vehicles ("SUV"), Cargo and Passenger Vans, and Light/Medium Duty Trucks** is due to expire on **April 30, 2024**. Under the terms of the original agreement, this contract may be renewed for an additional one-year period from **May 1, 2024**, through **April 30, 2025**.

The County would like to renew this contract at current contract pricing. Please complete the information requested and return to Maria Gonzalez at [gon036@henrico.us](mailto:gon036@henrico.us) at your earliest convenience.

Following the receipt of this information, the County will determine whether it is in our best interest to renew the contract or re-solicit. In addition, if you agree to renew the contract for an additional one-year period, please instruct your insurance agent to provide to my attention a current copy of a certificate of insurance. **Be sure the certificate lists the County of Henrico as additional insured for the contract work.**

If you have any questions, please call me at (804) 501-5680 or email me at [Her034@henrico.us](mailto:Her034@henrico.us) . Your cooperation and prompt response will be appreciated.

Sincerely,

***Justin M. Herbaugh***

Justin M. Herbaugh, VCO, VCA  
Procurement Analyst II

**CONTRACT # 2313A- Genuine OEM Repair Services and Parts for Automobiles, Sport Utility Vehicles ("SUV"), Cargo and Passenger Vans, and Light/Medium Duty Trucks**

**BUYER NAME: Justin M. Herbaugh, VCO, VCA – Procurement Analyst II**

Except for the changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect. Please check one of the following:

☒ Yes. Renew the contract for an additional one-year period at current contract pricing.

☐ Yes. Renew the contract for an additional one-year period at new contract pricing.  
(list below or attach new pricing sheet)

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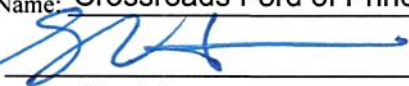
☐ No. Do not wish to renew the contract. If no, please provide reason below.

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Company Name: Crossroads Ford of Prince George

Date: February 8, 2024

Signature: 

Title: Chief Strategy Officer

Greg Vandeloo

Telephone#: 919-980-8535

Email: greg.vandeloo@crossroadscars.com

SCC#: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/05/2023

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 M021087087  
CROSSROADS AUTOMOTIVE GROUP INC  
11124 CAPITAL BLVD  
WAKE FOREST, NC 27587

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Zurich American Insurance Company

16535

INSURER B: American Guarantee and Liability Ins. Co.

26247

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## 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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> <input checked="" type="checkbox"/>	ADP1491854-04	05/01/2023	05/01/2024	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$2,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$3,000,000
	<input type="checkbox"/> OTHER:					PRODUCTS - COMP/OP AGG	\$
A	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>	ADP 1491854-04	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> <input checked="" type="checkbox"/>	AUC 1491855-04	05/01/2023	05/01/2024	EACH OCCURRENCE	\$25,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$75,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PRODUCTS-COMP/OP AGG	\$75,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A <input type="checkbox"/>				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) <input type="checkbox"/>					E.L. DISEASE -EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Garagekeepers - Legal Liability	<input type="checkbox"/> <input type="checkbox"/>	ADP1491854-04	05/01/2023	05/01/2024	Total Limit	\$7,520,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Reason for Certificate: GENERAL LIABILITY

30 Day notice of cancellation applies, except for cancellation due to non payment of premium.  
See Additional Remarks Schedule Attached

## CERTIFICATE HOLDER

COUNTY OF HENRICO  
PO BOX 90775  
HENRICO, VA 23273

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

*Mark G. Kumpfer*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Zurich - Account Service Center		NAMED INSURED CROSSROADS AUTOMOTIVE GROUP INC 11124 CAPITAL BLVD WAKE FOREST, NC 27587	
POLICY NUMBER ADP1491854-04			
CARRIER Zurich American Insurance Company	NAIC CODE 16535	EFFECTIVE DATE: 05/01/2023	

**ADDITIONAL REMARKS**

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

Waiver of Subrogation Endorsement; CA 04 44 applies

Additional Named Insured(s) Include: CROSSROADS FORD, INC., CROSSROADS FORD LINCOLN OF SANFORD, INC., CROSSROADS NISSAN, INC. DBA CROSSROADS NISSAN OF WAKE FOREST, CROSSROADS FORD OF WAKE FOREST, INC., CROSSROADS FORD OF KERNERSVILLE, INC., CROSSROADS INFINITI, INC. DBA CROSSROADS INFINITI OF RALEIGH, CROSSROADS INFINITI SOUTH, INC. DBA CROSSROADS INFINITI OF APEX, CROSSROADS FORD OF INDIAN TRAIL, INC., BOYD GM, BOYD HONDA, CROSSROADS FORD OF FUQUAY-VARINA, INC., CROSSROADS FORD OF LUMBERTON, INC, UNION COUNTY KIA, QUICK LANE TIRE & AUTO CENTER OF APEX, CROSSROADS FORD LINCOLN OF SOUTHERN PINES, INC., CROSSROADS OF VIRGINIA, INC. DBA CROSSROADS FORD MAZDA OF PRINCE GEORGE, CROSSROADS OF VIRGINIA, INC. DBA CROSSROADS CHRYSLER JEEP DODGE, CROSSROADS FORD OF SOUTH BOSTON, INC., BOYD BROTHERS FORD, INC., CROSSROADS HOLDINGS, LLC, KEN WILSON FORD, INC. DBA KEN WILSON FORD, CROSSROADS FORD OF HENDERSON INC, BOYD CHEVROLET-BUICK-GMC-TRUCK, INC, CROSSROADS DETAIL CENTER, CROSSROADS FORD OF APEX, CARANNA LLC, CROSSROADS MOTOR OF LUMBERTON, INC DBA CROSSROADS MITSUBISHI - LUMBERTON

Products - Completed Operations Aggregate of \$3,000,000 applies to the Garage Liability.