

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/4/2019

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).

certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT NAME: Laura Morgan						
Degginger McIntosh and Associates						PHONE (A/C, No, Ext): (425)740-5200 FAX (A/C, No): (425)740-52						
PO Box 1400						E-MAIL ADDRESS: lauram@dmainsurance.com						
3977 Harbour Point Blvd SW						INSURER(S) AFFORDING COVERAGE						
Mukilteo WA 98275						INSURER A: Clear Blue Specialty Insurance Company						
INSURED						INSURER B:						
Leonardo's LLC						INSURER C:						
dba Express Quality Painting						INSURER D:						
22403 58th Ave W						INSURER E :						
Mountlake Terrace WA 98043						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 19/20 GL S						G 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 ADDL SUBRE POLICY ESP												
LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)) (MM/DD/YYYY) LIMITS					
A				AR01RS1900467-00		6/2/2019	6/2/2020	EACH OCCURRENCE DAMAGE TO RENTE	D	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu	urrence)	\$	100,000	
		ļ						MED EXP (Any one		\$	5,000	
	<u> </u>	J						PERSONAL & ADV INJURY \$			1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000	
	OTHER:							COMBINED SINGLE		\$		
	AUTOMOBILE LIABILITY						(Ea accident)			\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Pe		\$		
	HIRED AUTOS AUTOS							(Per accident)		\$		
	UMBBELLALIAB								+	\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS.MADE							EACH OCCURRENC		\$		
	OLAIIVIO-IVIADE							AGGREGATE		\$		
A	DED RETENTION \$ WORKERS COMPENSATION			AR01RS1900467-00		6/2/2019	6/2/2020	PER STATUTE 3	LOTU	\$		
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA STOP GAP		0/2/2019	0/2/2020	E.L. EACH ACCIDEN		\$	1 000 000	
	OFFICER/MEMBER EXCLUDED?	N/A		MI DIOI GIII				E.L. DISEASE - EA E		\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLI		\$	1,000,000	
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLI	ICT LIWITI	Ψ	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACC	RD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	e is required)					
Evidence of Insurance												
CERTIFICATE HOLDER						CANCELLATION						
Evidence of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

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AUTHORIZED REPRESENTATIVE

Kyle McIntosh/MORGAN