

Dear Policyholder,

Thank you for choosing Federated Insurance to handle your insurance and risk management needs. The attached certificate document(s) have been issued or updated.

Please feel free to contact us with any additional changes, additions or deletions that may be needed by contacting the Federated Client Contact Center at:

E-mail: <u>clientcontactcenter@fedins.com</u> Phone: 1-888-333-4949 Fax: 507-446-4664

Thank you for your business!

Client Contact Center

Enclosed: Certificate Document(s)

CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 01/24/2024		
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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328						CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): FAX (A/C, No): 507-446-4664				
OWATONNA, MN 55060					E-MAIL ADDRESS: Cl	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM				
1						INSURERS AFFORDING COVERAGE NAIC #				
						INSURER A: FEDERATED MUTUAL INSURANCE COMPANY				
INSURED 415-467-0						INSURER B:				
ROXIE GLASS, INC. 13547 SE 27TH PL UNIT 4A2										
BELLEVUE, WA 98005-5210					INSURER D:					
						INSURER F:				
COVERAGES CERTIFICATE NUMBER: 0						REVISION NUMBER: 1				
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.										
	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$1,000,000	
	CLAIMS-MADE X OCCUR		N	6171118	07/28/2023		DAMAGE TO RENTED PRE (Ea occurrence)	MISES	\$100,000	
A						07/28/2024	MED EXP (Any one person)		\$5,000	
		N					PERSONAL & ADV INJURY		\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$2,000,000	
							PRODUCTS & COMP/OP A	60	\$2,000,000	
							COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000	
		N	N	1836949	07/00/0000	07/28/2024	BODILY INJURY (Per Perso	an)		
A	OWNED AUTOS ONLY				07/28/2023		BODILY INJURY (Per Accid	lent)		
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)			
А	X UMBRELLA LIAB X OCCUR	N	N	1836950	07/28/2023	07/28/2024	EACH OCCURRENCE		\$3,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$3,000,000	
	DED RETENTION									
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	N	6171118	07/28/2023	07/28/2024	PER STATUTE C	THER		
	NY PROPRIETOR/PARTNER/ EXECUTIVE						E.L EACH ACCIDENT		\$1,000,000	
							E.L DISEASE EA EMPLOYE	E	\$1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L DISEASE · POLICY LIM	т	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES. STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) WA										
A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR 0 1 CERTIFICATE HOLDERS.						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				

ACORD 25 (2016/03)

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