CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company American Family Mutual Insurance Company, S.I. if selection box is not checked. 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Touch Tone Communications, Inc PO Box 1196 Port Orchard, WA 98366

Agent's Name, Address and Phone Number (Agt./Dist.) Barry Doll Agency- American Family Insurance Po Box 153 Port Orchard, WA 98366

(360) 692-7232 (063/354)

This certificate is issued as a matter of information only and confers no rights

| This is to certify that policies of insurance li document with respect to which this certific TYPE OF INSURANCE | isted below have been issued to the insur ate may be issued or may pertain, the ins | red named above for th | e policy poriod india | ated netvillates discovery | | |
|---|--|----------------------------|---|--|---|---|
| | | surance afforded by the | e policies described h | ated, notwithstanding any requirement, term or concrete in its subject to all the terms, exclusions, and | ondition of a conditions | any contract or othe of such policies. |
| THE ST MISSISTING | POLICY NUMBER | POLIC | CY DATE | | | |
| THE OF MODIFIANCE | POLICY NUMBER | EFFECTIVE (Mo, Day, Yr) | EXPIRATION (Mo, Day, Yr) | LIMITS OF LIABIL | ITY | |
| Homeowners/ | | | T | Bodily Injury and Property Damage | | |
| Mobilehomeowners Liability | | | | Each Occurrence | \$ | ,00, |
| Boatowners Liability | | | | Bodily Injury and Property Damage | | ,,,, |
| | | | | Each Occurrence | \$ | ,00, |
| Personal Umbrella Liability | | | | Bodily Injury and Property Damage | | |
| Farm/Ranch Liability | | | | Each Occurrence | \$ | ,00 |
| | | | | Farm Liability & Personal Liability | | |
| | İ | | | Each Occurrence | \$ | ,00, |
| | | | | Farm Employer's Liability | | |
| | | | | Each Occurrence | \$ | ,00 |
| Workers Compensation and Employers Liability † | WA Stop Gap | 04/05/2017 | 04/05/2018 | Statutory | | ****** |
| | | | | Each Accident | \$ | 1,000,00 |
| | | | | Disease - Each Employee | \$ | 1,000,000 |
| General Liability | | | | Disease - Policy Limit | \$ | ,000 |
| Commercial General Liability (occurrence) | 46-X04297-01 | | 04/05/2018 | General Aggregate | \$ | 4,000,000 |
| | | | | Products - Completed Operations Aggregate | \$ | 4,000,000 |
| | | 04/05/2017 | | Personal and Advertising Injury | \$ | 2,000,000 |
| | | | | Each Occurrence | \$ | 2,000,000 |
| | | | | Damage to Premises Rented to You | \$ | 100,000 |
| Puningan Li Liu | | | | Medical Expense (Any One Person) Each Occurrence †† | \$ | 5,000 |
| Businessowners Liability Liquor Liability | | | | Aggregate†† | \$ | ,000 |
| | | | | Common Cause Limit | \$ | ,000 |
| iquor Liability | | | | Aggregate Limit | \$ | ,000 |
| Automobile Liability | | | | Bodily Injury - Each Person | \$ | ,000 |
| ☐ Any Auto | | | | Bodily Injury - Each Person | \$ | 500,000 |
| All Owned Autos | | | | Bodily Injury - Each Accident | \$ | 1,000,000 |
| Scheduled Autos | 46-X04297-02 | 04/05/2017 | 04/05/2018 | | | |
| Hired Auto | | | | Property Damage | \$ | 500,000 |
| ☐ Nonowned Autos | | | | D. III. 1. | | |
| | | | | Bodily Injury and Property Damage Combined | \$ | ,000 |
| Excess Liability | | | | | | |
| ☐ Commercial Blanket Excess | | | | Early Occurred to | • | |
| | | | | Each Occurrence/Aggregate | Þ | ,000 |
| ☐ Commercial Blanket Excess | , | PECIAL ITEMS | | ++Products-Com | red elected ider this po pleted Ope | , C Have to Have retions aggrega |
| CERTIFICATE HOLI | DER'S NAME AND ADDRESS | | | is equal to eac included in pol | | |
| | | <u> </u> | Should any of t | CANCELLATION he above described policies be cancelled | hofors # | avaluation 4 |
| | | ther Hoi upo sho | ider named, but fail on the company, its own. This certifies cov | will endeavor to mail *(days) writte ure to mail such notice shall impose no oblig s agents or representatives. *10 days unles: | ation or lia s different | to the Certificate ability of any kind number of days |
| | | i sub | dect to cancollation | in conformily with the interest and the | | and die |
| | | 300 | TE ISSUED | in conformity with their terms and by the law: AUTHORIZED REPRES | | |