



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/25/2015

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).

PRODUCER Y.I.Manchik Insurance Agency 500 S 336th ST # 215 Federal Way WA 98003	CONTACT NAME: Yaroslav Manchik	
	PHONE (A/C, No, Ext): 206 354-7165	FAX (A/C, No): 866 931-1402
E-MAIL ADDRESS: yimanchnik@msn.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : CBIC		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED HOME FLOORS & REMODEL LLC
25049 110TH PL SE # A
KENT WA 98030

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	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			B31ACM059	08/01/2015	08/01/2016	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY	\$1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$2,000,000			
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N		N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

State of Washington
 Dept of L&I
 PO Box 44450
 Olympia WA 98504

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

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Department of Labor & Industries
Contractor's Registration Section
P.O. Box 44450
Olympia WA 98504-4450



CONTINUOUS CONTRACTOR'S SURETY BOND

[Empty box for registration information]

SUR40005942

Required by the Contractor's Registration Act RCW 18.27

Home Floors & Remodel LLC

doing business as _____ as Principal, and IRONSHORE INDEMNITY, INC.
_____, a corporation organized and existing under the laws of the State of Minnesota and authorized to transact surety business in the State of Washington, as
Surety, by this bond bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally to pay the State of Washington
\$12,000.00 _____ dollars lawful money of the United States of America.

The Principal has applied for a Certificate of Registration, from the Contractor's Registration Section of the Washington State Department of Labor and Industries, to carry on the business of a contractor in the State of Washington. The Principal is required by chapter 18.27 of the Revised Code of Washington (RCW) to furnish a bond in the penal sum of \$12,000.00 dollars with good and sufficient surety. The bond must be conditioned as required by RCW 18.27.040.

If the Principal, in compliance with the provisions of chapter 18.27 RCW, pays all (1) wages and benefits to persons furnishing labor to the Principal, (2) amounts that may be adjudged against the Principal by reason of breach of contract including negligent or improper work in the conduct of the contracting business, (3) persons who furnish labor and materials or rent or supply equipment to the Principal, and (4) taxes and contributions due to the State of Washington, the obligation of the Principal and the Surety shall be null and void. If the Principal does not pay the above claims, the bond shall remain in full force and effect. In no case shall the Surety be liable for any claim not included in RCW 18.27.040.

Any person that has a claim against the Principal, arising from the failure of the Principal to pay any of the four items referred to in paragraph 3, may bring suit upon this bond in the superior court of the county in which the work was done, or of any county in which the court has jurisdiction over the Principal. The suit must be brought within the time and manner required by RCW 18.27.040.

The aggregate liability of the Surety under this bond for claims against this bond shall not exceed the penal sum of this bond. No extension by continuation certificate, reinstatement, reissue, or renewal of this bond shall increase the liability of the Surety. If the claims against the bond that are pending at any one time exceed the remainder of this aggregate liability minus the amounts previously paid by the Surety because of other claims against this bond, the claims shall be satisfied in accordance with the provisions of RCW 18.27.040.

This bond shall become effective on 08/01/2015 and shall be void if not filed with the Contractor's Registration Section by 10/01/2015, and shall remain in force continuously unless the Surety gives written notice to the Director of Labor and Industries of its intent to cancel the bond. A cancellation or revocation of the bond or withdrawal of the Surety from the bond suspends the registration issued to the registrant until a new bond or reinstatement notice has been filed and approved as provided in the statute.

IN WITNESS OF THIS CONTRACT, The Principal and Surety have affixed their hands and seals this 13th day of July, 2015

Principal's Name Home Floors & Remodel LLC	Surety's Name and Seal IRONSHORE INDEMNITY, INC.
By	By

Yaroslav Manchik
Attorney - In - Fact



POWER OF ATTORNEY

SUR40005942

Ironshore Indemnity Inc.

KNOW ALL MEN BY THESE PRESENTS, that IRONSHORE INDEMNITY INC., a Minnesota Corporation, with its principal office in New York, NY does hereby constitute and appoint: Yaroslav Manchik its true and lawful Attorney-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, a Washington Contractors License Bond under bond or undertaking number SUR40005942 issued on behalf of, Home Floors & Remodel LLC as principal in the penal sum of \$12,000.00

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of IRONSHORE INDEMNITY INC. on the 22nd Day of April, 2013 as follows:

Resolved, that the Director of the Company is hereby authorized to appoint and empower any representative of the company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$12,000.00 dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the Director and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, IRONSHORE INDEMNITY INC. has caused this instrument to be signed by its Director, and its Corporate Seal to be affixed this 1st Day of May, 2013.

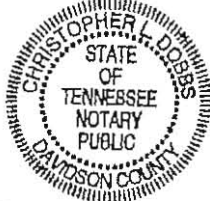
IRONSHORE INDEMNITY INC.



By: [Signature]
Daniel L. Sussman
Director

ACKNOWLEDGEMENT

On this 1st Day of May, 2013, before me, personally came Daniel L. Sussman to me known, who being duly sworn, did depose and say that he is the Director of Ironshore Indemnity, Inc., the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



[Signature]
Christopher L. Dobbs
Notary Public

MY COMMISSION EXPIRES: June 21, 2016 CERTIFICATE

I, the undersigned, Secretary of IRONSHORE INDEMNITY INC., A Minnesota Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at this 13th Day of July, 2015.



[Signature]
Paul S. Giordano
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."