

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2016

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).

Maple Valley	WA	98038	INSURER F:				
			INSURER E:				
Wheeler Painting, Inc. P.O. Box 1043			INSURER D:				
			INSURER C:				
			INSURER B: The Ohio Casualty Ins Co	24074			
Lynnwood	WA	98036	INSURER A :West American Ins Co	. 44393			
			INSURER(S) AFFORDING COVERAGE	NAIC #			
4211 Alderwood Mall Blvd, #210			E-MAIL ADDRESS: rebecca@plcins.com				
PLC Insurance, LLC			PHONE (A/C, No, Ext): (425) 712-3664	FAX (A/C, No): (425) 712-3786			
PRODUCER			CONTACT Rebecca Wilson				

COVERAGES CERTIFICATE NUMBER:16/17

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.

NSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$	1,000,000
			BKW53773181	12/1/2016	12/1/2017	MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
-	AUTOMOBILE LIABILITY		BAW53773181	12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
	DED X RETENTION\$ 10,000		USO53773181	12/1/2016	12/1/2017		\$	200
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		BKW53773181	12/1/2016	12/1/2017	PER OTH- STATUTE ER		
A A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		WA Stop Gap			E.L. DISEASE - POLICY LIMIT	\$	2,000,000

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.				
	AUTHORIZED REPRESENTATIVE				
	Mike Rucker/SHANNB				

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Evidence of Insurance