Client#: 141230 PACWEST

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/03/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not come any rights to the certificate holder in fied of such endorsement(s).					
PRODUCER	CONTACT Diane Harding				
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866 577-1326				
Tacoma Commercial Insurance	E-MAIL ADDRESS: Diane.Harding@propelinsurance.com				
1201 Pacific Ave, Suite 1000	INSURER(S) AFFORDING COVERAGE	NAIC#			
Tacoma, WA 98402	INSURER A: James River Insurance Company	12203			
INSURED	INSURER B: Western National Mutual Insurance Co. 1537				
Pacific West Construction & Maintenance 2220 N. Pacific St.	INSURER C:				
	INSURER D:				
Seattle, WA 98103	INSURER E:				
	INSURER F:				

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.

IN:	TYPE OF INSURANCE ADDILISUBRI NSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) LIMITS									
Li	R		TYPE OF INSURANCE		WVD	POLICY NUMBER	1.		LIMIT	
P	\ L	X	COMMERCIAL GENERAL LIABILITY			001089850	10/25/2020	10/25/2021		\$1,000,000
			CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
		X	BI/PD Ded:5,000						MED EXP (Any one person)	\$5,000
									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:							\$
E	3	AUT	OMOBILE LIABILITY			CPP119795002	10/25/2020	10/25/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		X	ANY AUTO						BODILY INJURY (Per person)	\$
			OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		X	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
										\$
A	١.		UMBRELLA LIAB X OCCUR			001089860	10/25/2020	10/25/2021	EACH OCCURRENCE	\$1,000,000
			EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED X RETENTION \$0								\$	
A			RKERS COMPENSATION EMPLOYERS' LIABILITY			001089850	10/25/2020	10/25/2021	PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$1,000,000	
			117.7					E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$1,000,000	

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

UBI #603018270

CERTII	FICATE HOLDER	

State of Washington Dept of Labor & Industries P.O. Box 44450 Olympia, WA 98504

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

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