

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. NA154441401

Effective Date: 04-04-2019
12:01 A.M. Standard Time

| LIMITS OF INSURANCE | | | | | | | | |
|---|---------------------------|-----------------------------|-----------|-----------|-----------------|-----------|------------------|-----------|
| General Aggregate Limit (Other Than Products - Completed Operations) | | \$ | 2,000,000 | | | | | |
| Products – Completed Operations Aggregate Limit | | \$ | 1,000,000 | | | | | |
| Personal and Advertising Injury Limit | | \$ | 1,000,000 | | | | | |
| Each Occurrence Limit | | \$ | 1,000,000 | | | | | |
| Damage to Premises Rented to You (Fire Damage) Limit | | \$ | 100,000 | | | | Any One Premises | |
| Medical Expense Limit | | \$ | 5,000 | | | | Any One Person | |
| LOCATION OF PREMISES | | | | | | | | |
| Location of All Premises You Own, Rent or Occupy: 597 MONTGOMERY RD, BELLINGHAM, WA 98226 | | | | | | | | |
| PREMIUM | | | | | | | | |
| Classification | Code No. | Premium Basis | Rate | | Advance Premium | | | |
| | | | Pr/Co | All Other | Pr/Co | All Other | | |
| COMMERCIAL REMODELING AND TENANT IMPROVEMENTS AND BETTERMENTS | 91342 | 53,156 (p) | INCL | 34.855 | INCL | | 1,852 | |
| RESIDENTIAL REMODELING | 91340 | 53,156 (p) | INCL | 27.808 | INCL | | 1,478 | |
| CONTRACTORS-SUBCONTRACT WORK-IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION OF BUILDINGS | 91585 | 30,000 (c) | INCL | 3.465 | INCL | | 104 | |
| Total Advance Premium | | | | | | | 3,434 | |
| (a) area – per 1000 sq. ft. | (m) admissions – per 1000 | (e) each | | | | | | (u) units |
| (s) gross sales – per \$1000 | (p) payroll – per \$1000 | (c) total cost – per \$1000 | | | | | | |
| FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy) | | | | | | | | |
| Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: | | | | | | | | |
| See Schedule of Applicable Forms | | | | | | | | |

*Information Omitted if shown elsewhere in the policy

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS THE NAME OF THE INSURED AND THE POLICY PERIOD.
This page alone does not provide coverage and must be attached to a Commercial Lines Common Policy Declarations Page.
Common Policy Conditions, Coverage Part Coverage Form(s) and any other applicable forms and endorsements.