



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2019

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

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| <b>PRODUCER</b><br><br>Contractors Insurance NW<br>PO BOX 13033<br>Olympia, WA 98508 | <b>CONTACT NAME:</b> Hannah Reynolds   |
|  | <b>PHONE (A/C, No, Ext):</b> (206)219-5392 <b>FAX (A/C, No):</b> (866)214-8634 |
|  | <b>E-MAIL ADDRESS:</b> hannah@cinwinc.com                                      |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |
|  | <b>INSURER A:</b> Preferred Contractors Insurance Company RRC LLC              |
|  | <b>INSURER B:</b>  |
|  | <b>INSURER C:</b>  |
|  | <b>INSURER D:</b>  |
|  | <b>INSURER E:</b>  |
|  | <b>INSURER F:</b>  |


**COVERAGES** **CERTIFICATE NUMBER:** 00000000-28013 **REVISION NUMBER:** 2

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 INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          | PCA5006-PCCM312302 | 05/15/2019              | 05/15/2020              | EACH OCCURRENCE \$ 1,000,000   |
|          | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000                  |
|          |   |           |          |                    |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          |   |           |          |                    |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |                    |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                    |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          | OTHER:  |           |          |                    |                         |                         | \$   |
|          | <b>AUTOMOBILE LIABILITY</b>   |           |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO   |           |          |                    |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                        |           |          |                    |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                   |           |          |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |   |           |          |                    |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b>  |           |          |                    |                         |                         | EACH OCCURRENCE \$   |
|          | <b>EXCESS LIAB</b>  |           |          |                    |                         |                         | AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$   |           |          |                    |                         |                         | \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |           |          |                    |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |                    |                         |                         | 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as additional insured under the above referenced policy per policy terms and conditions.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Department of Labor & Industries<br>Contractor Registration Section<br>P.O. Box 44450<br>Olympia, WA 98504 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>(HAR) |
|---|---|

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## Continuous Contractor's Surety Bond

This form is required by the Contractor's Registration Act RCW 18.27. This form must be typed.

|                       |                                |                                    |
|-----------------------|--------------------------------|------------------------------------|
| UBI Number (optional) | Registration Number (optional) | Bond Number (required)<br>64642656 |
|-----------------------|--------------------------------|------------------------------------|

CBH DEMO LLC doing business as \_\_\_\_\_  
as Principal, and \_\_\_\_\_ WESTERN SURETY COMPANY \_\_\_\_\_, a  
corporation organized and existing under the laws of the State of \_\_\_\_\_ SOUTH DAKOTA  
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

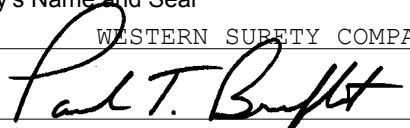
The Principal has applied for a Certificate of Registration, from the Contractor's Registration Section of the  
Washington State Department of Labor and Industries, to carry on the business of a contractor in the State of  
Washington. The Principal is required by chapter 18.27 of the Revised Code of 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 the 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 the 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: 05 / 14 / 2019 and shall be void if not filed with the Contractor's  
Registration Section by: 06 / 14 / 2019 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

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|--|--|
| IN WITNESS OF THIS CONTRACT,<br>the Principal and Surety have affixed their hands and seals this date: <u>05 / 14 / 2019</u> |  |
| Principal's Name<br>CBH DEMO LLC<br>By:  | Surety's Name and Seal<br>WESTERN SURETY COMPANY<br>By:  |

Paul T. Bruflat, Vice President

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Contractors License

bond with bond number 64642656

for CBH DEMO LLC

as Principal in the penalty amount not to exceed: \$ 12,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its  
Vice President with the corporate seal affixed this 14th day of May,  
2019.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

Paul T. Bruflat

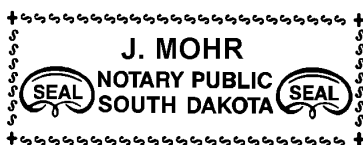
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss



On this 14th day of May, 2019, before me, a Notary Public, personally appeared  
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President  
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the  
voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J. Mohr

Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

