



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).

PRODUCER Contractors Insurance NW PO BOX 13033 Olympia, WA 98508	CONTACT NAME: Hannah Reynolds PHONE (A/C, No, Ext): (206)219-5392 E-MAIL ADDRESS: hannah@cinwinc.com FAX (A/C, No): (866)214-8634													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Preferred Contractors Insurance Company RRC LLC</td> <td>12497</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Preferred Contractors Insurance Company RRC LLC	12497	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED CBH DEMO LLC 14931 54th PL W #B Edmonds, WA 98026														

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 <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCA5006-PCCM312302	05/15/2019	05/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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.

CERTIFICATE HOLDER**CANCELLATION**

Department of Labor & Industries Contractor Registration Section P.O. 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  (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) 64642656
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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

IN WITNESS OF THIS CONTRACT, the Principal and Surety have affixed their hands and seals this date: <u>05 / 14 / 2019</u>	
Principal's Name CBH DEMO LLC By:	Surety's Name and Seal WESTERN SURETY COMPANY By: <i>Paul T. Bruflet</i>

Paul T. Bruflet, 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.



J. Mohr
My Commission Expires June 23, 2021 Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

