Client#: 51707 FRANROOF1

## $ACORD_{\scriptscriptstyle{\sqcap}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2015

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).

( )						
PRODUCER	CONTACT Sue Martin					
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933	FAX (A/C, No): 866.577.1326				
Tacoma Commercial Insurance	E-MAIL ADDRESS: Sue.Martin@propelinsurance.com					
1201 Pacific Ave, Suite 1000	INSURER(S) AFFORDING COVERAG					
Tacoma, WA 98402	<b>INSURER A: First Mercury Insurance Compai</b>	ny 10657				
INSURED	INSURER B: Safeco Insurance Company of A	me 24740				
Franklin Roofing Enterprises, Inc. PO Box 731113	INSURER C:					
	INSURER D:					
Puyallup, WA 98373	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A	GENERAL LIABILITY	X	WVD X		,	, ,	EACH OCCURRENCE	\$1,000,000
``	X COMMERCIAL GENERAL LIABILITY	_	_		00/01/2010	00/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
	X BI/PD Ded:5,000						PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC							\$
В	AUTOMOBILE LIABILITY	х	x	26CC0081302	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	UMBRELLA LIAB X OCCUR	Х	X	EXC000002889101	06/01/2015	06/01/2016	EACH OCCURRENCE	\$2,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
	WORKERS COMPENSATION			WACGL0000011558	06/01/2015	06/01/2016	WC STATU- OTH- TORY LIMITS ER	
Α	- T/N			WA Stop Gap			E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

**Evidence of Insurance** 

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
	murell Keuberg

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