**JLUCK** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2019

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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PRODUCER Hub International Northwest LLC P.O. Box 3018 Bothell, WA 98041							CONTACT NAME: PHONE (A/C, No, Ext): (425) 489-4500  FAX (A/C, No):(425) 485-8489					
							E-MAIL ADDRESS: now.info@hubinternational.com					
Domen, MA 30041						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: Western National Mutual Insurance Company						
										ally	15377	
INSURED						INSURER B:						
All City Sawing & Drilling, LLC						INSURER C:						
PO Box 7118 Covington, WA 98042						INSURER D:						
						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
Т	HIS IS	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R	S OF	INS	SURANCE LISTED BELOW ENT. TERM OR CONDITIO	HAVE BI	EEN ISSUED T	TO THE INSUF	RED NAMED ABOVE FOR T	HE PO	LICY PERIOD WHICH THIS	
С	ERTIF	ICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	IES DESCRIB	ED HEREIN IS SUBJECT T	O ALL	THE TERMS,	
	CXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HARD SUBREST OF INSURANCE ADDL SUBREST OF INSURANCE INSURANCE OF INSURANCE INSURANCE INSURANCE OF INSURANCE INSURANCE OF INSUR					E BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	<u></u>	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		X WA Stop Gap		X	CPP1121515		7/30/2019	7/30/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	X								MED EXP (Any one person)	\$	10,000	
									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	
									PRODUCTS - COMPTOT ACC	φ	Included	
Α		OTHER:							COMBINED SINGLE LIMIT	<b>D</b>	1,000,000	
A		OMOBILE LIABILITY			0004440505		<b>#</b> /00/0040	=10010000	(Ea accident)	\$	.,,,,,,,,	
		OWNED SCHEDULED AUTOS		Х	CPP1118585		7/30/2019	7/30/2020	BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident)	\$		
		AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	X   UMBRELLA LIAB   X   OCCUR     EXCESS LIAB   CLAIMS-MADE						7/30/2019	7/30/2020	EACH OCCURRENCE	\$	4,000,000	
				UMB1019905					AGGREGATE	\$	4,000,000	
		DED X RETENTION\$ 10,000								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			,					PER X OTH-			
					CPP1121515		7/30/2019	7/30/2020	E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes,	describe under CRIPTION OF OPERATIONS below									1.000.000	
	DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	-,,,,,,,,	
	1		L.,									
		ON OF OPERATIONS / LOCATIONS / VEHICL	LES (A	COR	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)			
		ct Service Agreement fInsurance Only										
LAII	ibit Oi	insurance only										
CE	RTIF	ICATE HOLDER				CANCELLATION						
							AND THE PROPERTY OF THE PROPER					
Evidence of Insurance Only							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
						ACCORDANCE WITH THE POLICY PROVISIONS.						
1						AUTHO	RIZED REPRESE	NTATIVE				
						(1) it fl						
							may J					
40	ODD	25 (2016/03)				© 1988-2015 ACORD CORPORATION All rights reserved						