



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2018

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 Scott M. Campbell 600 Main Street, Ste. A Edmonds WA 98020	CONTACT NAME: Scottie Moffett	
	PHONE (A/C, No, Ext): (425) 775-6446	FAX (A/C, No):
INSURED Pacific Rim CR LLC 19231 36th Ave W #B201 Lynnwood WA 98036	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Austin Mutual Insurance Compan	13412
	INSURER B: Hamilton Specialty Insurance C	13551
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: Cert ID 184

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			AHSECC10833-01	09/08/2017	09/08/2018	EACH OCCURRENCE	\$ 1,000,000	
	Professional						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000	
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	AUTOMOBILE LIABILITY ANY AUTO						GENERAL AGGREGATE	\$ 2,000,000	
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	EXCESS LIAB						BODILY INJURY (Per person)	\$	
	DED <input type="checkbox"/> RETENTION \$	CLAIMS-MADE <input type="checkbox"/>					BODILY INJURY (Per accident)	\$	
	NON-ADMITTED						PROPERTY DAMAGE (Per accident)	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N	N/A	AHSECC10833-01 Employers Liability Only	09/08/2017	09/08/2018	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>		
	E.L. EACH ACCIDENT	\$ 1,000,000							
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000							
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000							
		\$							
		\$							

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

RE: Current Liability Insurance

CERTIFICATE HOLDER

CANCELLATION

State of Washington, Dept. of Labor & Industries/Contractors Registration Dept P O Box 44450 Olympia WA 98504-4450	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 <i>Dee Moffett</i>

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