

CERTIFICATE OF LIABILITY INSURANCE

AMICHEL

DATE (MM/DD/YYYY) 5/2/2017

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	CONTACT NAME:					
Hub International Northwest LLC 12100 NE 195th Street, Suite 200	PHONE (A/C, No, Ext): (425) 489-4500 FAX (A/C, No): (425) 4	185-8489				
Bothell, WA 98011	E-MAIL ADDRESS: now.info@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Burlington Insurance Company	23620				
INSURED	INSURER B: Western National Assurance Company					
Sunwest Property Maintenance, LLC	INSURER C : National Union Fire Insurance Company of Pittsburgh, PA	19445				
P.O. Box 19705	INSURER D:					
Seattle, WA 98109	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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				(\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	HGL0044751	05/02/2017	05/02/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	Х	χ STOP GAP LIABILITY						MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						WA STOP GAP	\$	1,000,000
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	X ANY AUTO		Х	CPP 1008573 10	05/02/2017	05/02/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB X OCCUR	xx	X X EBU037083475			EACH OCCURRENCE	\$	5,000,000	
	X	X EXCESS LIAB CLAIMS-MADE			EBU037083475	05/02/2017	05/02/2018	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
Α	WOR	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY			HGL0044751 05/02		5/02/2017 05/02/2018	PER X OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	/ A		05/02/2017		E.L. EACH ACCIDENT	\$	1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	CANCELLATION

SAMPLE CERTIFICATE OF COVERAGE

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