

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2018

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).

	SUBROGATION IS WAIVED, SUBJECT his certificate does not confer rights t							require an endorsement	. A SI	atement on	
PRODUCER DeFranco Insurance					CONTACT John DeFranco						
P.O. Box 18227					PHONE (A/C, No, Ext): 206-723-1680 FAX (A/C, No): 206-725-3416						
Seattle WA 98118-0227					E-MAIL ADDRESS: john@defrancoinsurance.com						
					INSURER(S) AFFORDING COVERAGE				NAIC#		
Phone: 206-723-1680 Fax: 206-725-3416						INSURER A: Ohio Security Insurance Company				24082	
INSURED					INSURER B:						
	Handy Ryan Services LI	C			INSURER C:						
336 Smithers Ave S					INSURER D :						
Renton, WA 98057					INSURER E:						
Menton, WA 90001						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS	
INSR LTR	INSR LTR TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	EFF POLICY EXP YYY) (MM/DD/YYYY) LIM		TS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
Α						06/21/2018	06/21/2019	MED EXP (Any one person)	\$	15,000	
				BLS58947853				PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X AUTOS ONLY AUTOS ONLY X AUTOS ONLY AUTOS ONLY			DI 050047050		06/21/2018	06/21/2019	BODILY INJURY (Per accident)	\$		
				BLS58947853				PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION\$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101 Additional Remarks Schedu	le may h	e attached if mor	e snace is requir	ed)			
			100112	101, Additional Romano Octional	ic, may b	o uttuoned ii iiioi	o opude to require	ou,			
Pr	oof of Insurance										
CERTIFICATE HOLDER						CANCELLATION					
Proof 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 John Do Frames						