

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2025

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).

PRODUC					CONTAC NAME:	Molly McC	arthy				
Emery & Karrigan, Inc.   9880 SW Beaverton-Hillsdale Hwy					PHONE FAX (A/C, No, Ext): (A/C, No):						
Suite 202					E-MAIL ADDRESS: certs@emerykarrigan.com						
Beaverton OR 97005						INSURER(S) AFFORDING COVERAGE					
					INSURER A : AIG Specialty Insurance Company					NAIC # 26883	
INSURED PARKCRA-01											
Parks Crane Service, Inc.					INSURER B:						
617 E. Rainier Ave.					INSURER C:						
Orange CA 92865					INSURER D:						
						INSURER E:					
<u> </u>				INSURER F:							
COVERAGES CERTIFICATE NUMBER: 1504356657 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.										HE TERIVIS,	
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A X	COMMERCIAL GENERAL LIABILITY	INSU	WVD	AIGGL-013453076-01		8/15/2025	8/15/2026	EACH OCCURRENCE	\$ 1,000.	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED			
X								PREMISES (Ea occurrence)	\$ 50,000		
X	1100K Elability							MED EXP (Any one person)	\$ Exclud	ded	
1 -	Over the Road IVIL							PERSONAL & ADV INJURY	\$1,000	000	
Gi	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	000	
_	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	000	
	OTHER:								\$	3.33.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	
A A	JTOMOBILE LIABILITY			AIGGL-013453076-01		8/15/2025	8/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ Includ	ed Above	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
X	AUTOS ONLY AUTOS ONLY				1			(Per accident)			
	IIMPRELIATIAN	-	+						\$		
-	EVOLUNE							EACH OCCURRENCE	\$		
-	GLAIIVIS-IVIADE	-						AGGREGATE	\$		
10/	DED RETENTION \$ DRKERS COMPENSATION		_					DED	\$		
	ID EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
AN	PPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(M	andatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
DE	res, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								. *			
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	101 Additional Remarks Schedu	ile may he	attached if mor	a enace le requir	ed)		· · · · · · · · · · · · · · · · · · ·	
	nce of Insurance.	(	HOOKE	7 101, Additional Nemarks Coneda	ne, may be	attached if mon	e space is require	euj			
CERTIFICATE HOLDER CANCELLATION											
ONIVER HOW											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
					ACC	ACCORDANCE WITH THE POLICY PROVISIONS.					
Evidence of Insurance United States											
Office States					AUTHORIZED REPRESENTATIVE						
					Rellh						
L					1 74	New way					
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