SBOCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2019

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.

this certificate does not confer rights to the certificate holder in lieu of su												
PRODUCER Griffin MacLean Inc 2340 130th Ave NE D150 Bellevue, WA 98005						CONTACT NAME: PHONE (A25) 922 1269 FAX (A25) 922 2727						
						PHONE (A/C, No, Ext): (425) 822-1368 FAX (A/C, No): (425) 822-2737 E-MAIL ADDRESS: info@griffinmaclean.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A: Gemini Insurance Company										
Connelly Roofing and Gutters LLC						INSURER B:						
						INSURER C:						
219 54th Ave East Fife. WA 98424					INSURER D:							
1 110, 117, 00727					INSURER E:							
			INSURER F:									
				NUMBER:		EEN ICCUED 3		REVISION NU		LIE DO	N ICV PEDIOD	
IN Cl	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS	
INSR	TYPE OF INSURANCE		DL SUBR BD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS			
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000	
	CLAIMS-MADE X OCCUR			VCGP025104		11/4/2019	11/4/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	IGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$							PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PARTIES (EXECUTIVE)									_		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA		\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - PC	LICT LIVIT	Φ		
DES(Evid	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ence of Insurance.	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CERTIFICATE HOLDER						CANCELLATION						
State of WA Dept. Of L & I Contractors Registration						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Po Box 44450 Olympia, WA 98504					AUTHORIZED REPRESENTATIVE							
Olympia, wa 30304						1201						