

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).										
					PHONE FAX					
				(A/C, No, Ext): E-MAIL ADDRESS:	Ext): (A/C, No):					
					INS	INSURER(S) AFFORDING COVERAGE NAIC #				
Phon/e Fax				INSURER A :		A- rated insurer or higher				
INSU	INSURED				A- rate	rated insurer or higher				
Sub	Subcontractor Name				A- rate	- rated insurer or higher				
Stre	Street				A- rate	A- rated insurer or higher				
City, State, Zipcode				INSURER E :						
				INSURER F :						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								10.0		
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	ADDLSU		POLIC (MM/DD	Y EFF /YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		00,000.00	
A	CLAIMS-MADE 🗹 OCCUR		POLICY NUMBER		\mathbf{D}	01/01/2019	MED EXP (Any one person \$	<mark>5,0</mark>	00.00	
				01/01/			PERSONAL & ADV INJURY \$	<mark>1,0</mark>	00,000.00	
							GENERAL AGGREGATE \$	2,0	00,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		<u>A R /</u>	01/01/			PRODUCTS - COMP/OP AGG \$		00,000.00	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$		00,000.00	
В							BODILY INJURY (Per accident) \$			
	AUTOS → AUTOS AU						PROPERTY DAMAGE \$	_		
							EACH OCCURRENCE \$			
С	EXCESS LIAB	DE					AGGREGATE \$			
							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y	/ N					WC STATU- TORY LIMITS C ER			
П	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	POLICY NUMBER	01/01/	2018	01/01/2019			00,000.00	
	(Mandatory in NH) If yes, describe under			01/01/	2010	0 1/0 1/20 10	E.L. DISEASE - EA EMPLOYE \$			
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,0	00,000.00	
	SCRIPTION OF OPERATIONS / LOCATIONS /				•					
ModelRemodel, LLC and owner are added as additional insured for the general liability policy. This insurance is primary and waives subrogration rights. No prior work exclusion and no water damage sublimi will apply. No sunset clause and no occurrence manifestation provisions apply. No subsidence exclusion applies (if foundation or excavating contractors). Defense Costs outside liability limits										
CERTIFICATE HOLDER CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
ModelRemodel, LLC				THE EXPIR	ATION	DATE THEREC	OF, NOTICE WILL BE DELIVER			
1111 W. Nickerson St							Y PROVISIONS.			
Seattle, WA 98119Á										
					AUTHORIZED REPRESENTATIVE					
			Insurance Ag	nsurance Agent						

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