

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2023

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 Orion Insurance							
Orion Insurance Group						PHONE (425) 771-5197 (A/C, No): (425) 673-4427							
10634 E Riverside Dr						E-MAIL ADDRESS: angel@orioninsgroup.com							
Suite #300						INSURER(S) AFFORDING COVERAGE NAIC #							
Bothell				WA 98011			INSURER A : RPS-Red Shield Insurance Co.						
INSURED							INSURER B :						
Sno-King Stump Grinding					INSURER C :								
12102 29th Ave SE						INSURER D :							
						INSURER E :							
Everett				WA 98208			INSURER F :						
COVERAGES CERTIFIC					NUMBER: CL221013083					I			
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.													
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	\times								EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000		
		CLAIMS-MADE 🔀 OCCUR							PREMISES (Ea occurrence)	_{\$} 100,			
_									MED EXP (Any one person)	\$ 5,00			
A					CNT0188634		10/25/2023	10/25/2024	PERSONAL & ADV INJURY	Ψ	0,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ	0,000		
	\times	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	φ	0,000		
		OTHER:								\$			
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$								\$			
	-	RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Man	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	DESC	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
055	CERTIFICATE HOLDER C							CANCELLATION					
						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 Argel Schrom						

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