

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorseme	nt. A si	tatement on		
	DUCER	<u> </u>	, 0011	moute noider in ned or or	CONTA		<i>)</i> ·					
					NAME: PHONE FAX							
NATIONIMIDE ON EO COLUTIONO INC					(A/C, No, Ext): (A/C, No):							
NATIONWIDE SALES SOLUTIONS INC					E-MAIL ADDRESS:							
1200 LOCUST ST DEPT 2010					INSURER(S) AFFORDING COVERAGE					NAIC#		
DES MOINES IA 50391-2010					INSURER A: NATIONWIDE MUTUAL INSURANCE COMPAN				PANY	23787		
INSURED					INSURER B: ALLIED INSURANCE COMPANY OF AMERICA				10127			
					INSURER C:							
SPRINGROCK NATIONAL LLC					INSURER D:							
15717 SW 74TH AVE STE 4			1 50			INSURER E :						
TIGARD			OR 97224-8060			INSURER F:						
COVERAGES CER			RTIFICATE NUMBER:			REVISION NUMBER:						
T	HIS IS TO CERTIFY THAT THE POLICIES	OF	INSUF	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR	THE POL	LICY PERIOD		
	DICATED. NOTWITHSTANDING ANY RE											
	ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								IO ALL	THE TERMS,		
INSR			ADDL SUBR		POLICY EFF POLICY EXP							
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			200 000		
	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							DAMAGE TO RENTED		000,000		
Α				ACP GLO 3019625413			01/09/2022	PREMISES (Ea occurrence) \$		0,000		
						01/09/2021		MED EXP (Any one person) \$ 5,				
								PERSONAL & ADV INJURY \$ 1,000				
								, , , , , , , , , , , , , , , , , , ,		000,000		
								PRODUCTS - COMP/OP AGO		000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000		
В	ANY AUTO					01/09/2021	01/09/2022	BODILY INJURY (Per person	\$			
	OWNED SCHEDULED AUTOS			ACP BAL 3019625413				BODILY INJURY (Per accider	nt) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CIVE!							(\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
	DED RETENTION \$	1						NOOKEOKIE	s			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY DROPRIETOR // A RETNER /EYECUTIVE											
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		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 LIMI	Г \$			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•	التماميا المما	to the teach		
	e above mentioned general liability police											
\$50,000. The above mentioned general liability policy includes computer attack coverage with a limit of \$50,000. The above mentioned general liability policy includes identity recovery coverage with a limit of \$25,000.												
	, , ,											
CERTIFICATE HOLDER						CANCELLATION						
						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.								
Washington State Department of Labor and Industries						AUTHORIZED DEDDESENTATIVE						
7273 Linderson Way SW					AUTHORIZED REPRESENTATIVE Stacey Amtsfield							
1210 Emaciosii Way OW					Stacey Amtsfield							

© 1988-2015 ACORD CORPORATION. All rights reserved.

Tumwater

WA 98501