

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2016

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).

PRODUCER My Insurance Agency, LLC 1234 NW 56th Avenue, Suite 789		CONTACT NAME: Joe Somebody					
		PHONE (A/C, No, Ext): 555-987-6543	FAX (A/C, No): 55	55-123-4567			
Portland, OR 97223		E-MAIL ADDRESS: myinsuranceagent@myinsurancecompany.com					
		INSURER(S) AFFORDING COVERAGE					
www.myinsurancecompany.com		INSURER A: First Sample Insurance Company					
Subcontractor Sample Company 1234 NW 56th Dr Vancouver WA 98682		INSURER B: Second Sample Insurance Company					
		INSURER C: Last Insurance Company					
		INSURER D:					
		INSURER E:					
		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 17515571 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ISR POLICY EFF POLICY EXP						
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	✓ COMMERCIAL GENERAL LIABILITY	1	1				DAMAGE TO RENTED \$ 300,000
Α	CLAIMS-MADE ✓ OCCUR			CPO 1234567	5/1/2016	5/1/2017	MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	✓ POLICY PRO- JECT LOC						Washington Stop Gap \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	✓ ANY AUTO	,	/	CPO 9876543	5/1/2016	5/1/2017	BODILY INJURY (Per person) \$
^	ALL OWNED SCHEDULED AUTOS	•	•	CFO 9870343	3/1/2010	3/1/2017	BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE \$ 2,000,000
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED RETENTION \$			ZUP 14ABC01	5/1/2016	5/1/2017	\$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC41NC01234567-All Other	5/1/2016	5/1/2017	✓ WC STATU- TORY LIMITS OTH- ER \$ 1,000,000
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	A	WC41NC98765432-AK,CA, ID,MT WC4101234-NV. OK. TX & UT	5/1/2016	5/1/2017	E.L. EACH ACCIDENT \$ 500,000
	(Mandatory in NH)				5/1/2016	5/1/2017	E.L. DISEASE - EA EMPLOYEE \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			, , , , , , , , , , , , , , , , , , , ,			E.L. DISEASE - POLICY LIMIT \$ 500,000
С	Errors & Omissions			E1234567890	5/1/2016	5/1/2017	\$1,000,000 AGGREGATE \$1,000,000 EACH CLAIM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General/Products Liability includes Blanket Primary and Non Contributory Additional Insured including Completed Operations & Blanket Waiver of Subrogation as required by written contract per attached endorsements # PROVIDE ENDORSEMENT NUMBERS. Automobile Policy includes Blanket Additional Insured & Waiver of Subrogation as required by written contract per attached Endorsements # PROVIDE ENDORSEMENT NUMBERS; Subject to policy terms, conditions and limitations. Umbrella is Excess Underlying Policies. ALL ENDORSEMENT NUMBERS REQUIRE AN ENDORSEMENT!

CERTIFICATE HOLDER	CANCELLATION				
Robinson Bros. Constr., Inc. 6150 NE 137th Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Vancouver, WA 98682	AUTHORIZED REPRESENTATIVE				
	INSURER'S SIGNATURE HERE				
	Jane Somebody				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

POLICY NUMBER:

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:						
	INSERT SIGNATURE HERE						
Named Insured: Robinson Bros. Constr., Inc.	(Authorized Representative)						
SCHEDULE							
Name of Person(s) or Organization(s): Pe	Written Contract						

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.



Additional Insured – Automatic – Owners, Lessees Or Contractors – Products-Completed Operations Liability Amendment

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l, Prem	Return Prem.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:

Robinson Bros. Constr., Inc.

6150 NE 137th Avenue

Address (including ZIP Code):

Vancouver, WA 98682

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

- A. Section II Who Is An Insured is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.
- B. The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under Section I Coverage A Bodily Injury And Property Damage Liability and Section I Coverage B Personal And Advertising Injury Liability, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf.

and resulting directly from your ongoing operations or 'your work" as included in the "products-completed operations hazard", which is the subject of the written contract or written agreement.

- C. However, regardless of the provisions of Paragraphs A. and B. above:
 - 1. We will not extend any insurance coverage to any additional insured person or organization:
 - a. That is not provided to you in this policy; or
 - **b.** That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
 - c. Subject to Paragraphs 1.a. and 1.b. above and solely as respects "products-completed operations hazard" coverage, unless a claim or "suit" for damages is presented to us no later than one year from the "products-completed operations hazard" completion date deemed applicable to "your work" from which the loss originates if no time requirement for reporting a claim or "suit" for damages is stipulated in the written contract or written agreement; and
 - 2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

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- 1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
- 2. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.
- F. For the coverage provided by this endorsement:
 - 1. The following paragraph is added to Paragraph 4.a. of the Other Insurance Condition of Section IV Commercial General Liability Conditions:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory with respect to any other policy upon which the additional insured is a Named Insured. In that event, we will not seek contribution from any other such insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.

2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV – Commercial General Liability Conditions:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

All other terms and conditions of this policy remain unchanged.



Waiver Of Subrogation (Blanket) Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

The following is added to the Transfer Of Rights Of Recovery Against Others To Us Condition:

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations in which the insured has no contractual interest.



Waiver Of Transfer Of Rights Of Recovery Against Others To Us Eff. Date of End. Policy No. Eff. Date of Pol.. Exp. Date of Pol. Agency No. Addl. Prem Return Prem. This endorsement is issued by the company named in the Declarations. It changes the policy on the effective date listed above at the hour stated in the Declarations. THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. Named Insured: Robinson Brothers Construction Inc Address (including ZIP code): This endorsement modifies insurance provided under the: **Business Auto Coverage Form Truckers Coverage Form Garage Coverage Form Motor Carrier Coverage Form SCHEDULE** Name of Person or Organization: ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY We waive any right of recovery we may have against the designated person or organization shown in the schedule because of payments we make for injury or damage caused by an "accident" or "loss" resulting from the ownership, maintenance, or use of a covered "auto" for which a Waiver of Subrogation is required in conjunction with work performed by you for the designated person or organization. The waiver applies only to the designated person or organization shown in the schedule. Countersigned: Date: Authorized Representative