

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2022

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	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:				
This will reflect the sub's Broker Information					
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Each letter under the first column below should have a				
INSURED	INSURER B: corresponding insurer name up in this section.				
This will reflect the sub's name and address	INSURER C:				
	INSURER D:				
	INSURER E:				
	INSURER F:				
COVEDACES CERTIFICATE NUMBER.	DEVISION NUMBER.				

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'LAGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC	x	x	XXXXXXX	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 1,000,000 \$ 15,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED AUTOS AUTOS X Liability Ded:		x	ххххххх	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea acadent) BODILY INJURY (Per person) BODILY INJURY (Per acadent) PROPERTY DAMAGE (Per acadent)	\$ 1,000,000 \$ \$ \$ \$
С	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		x	xxxxxxx	MM/DD/YY	MM/DD/YY	0.000, v. Charles 1000 Code (1000)	\$ 1,000,000 \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		XXXXXXXX		MM/DD/YY	WC STATU- TORYLIMITS X OTH- EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
E	Pollution/Professional Liability (IF APPLICABLE)			xxxxxxx	MM/DD/YY	MM/DD/YY	\$1,000,000 Per Claim, \$1,0	000,000 Aggregate

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

Project: {TRICO Job #, Project Name, Location}

TRICO Companies, LLC, Developer, and Owner are included as Additional Insureds per endorsements CG2010 0704 and CG2037 0704 (or equivalent if TRICO chooses to accept it.) Coverage is Primary and Non-Contributory, applies to GL, Auto, and Umbrella. Waiver of Subrogation applies to GL, Auto and Umbrella. Per Project Aggregate applies for CG2503 0509 (or other acceptable form.)

Please Note: Insurance certificates will be immediately rejected and returned if there is no project name and/or project number referenced and if required endorsements are not included with the certificate.

CERTIFICATE HOLDER	CANCELLATION
TRICO Companies, LLC 15066 Josh Wilson Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Burlington, WA 98233	AUTHORIZED REPRESENTATIVE
j	

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ACORD 25 (2010/05)

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