ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XX

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)

certificate florder in fled of such endorsement(s).										
PRODUCER					CONTACT Producer Name					
Agency Name				PH	PHONE (A/C, No, Ext): (A/C, No):					
Agency Address				E-I AI	E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE			NAIC#		
Subcontractors Name Subcontractors Address					INSURER A : Insurance Company A					
INSURED					INSURER B : Insurance Company B				_	
Subcontractors Name					INSURER C: Insurance Company C Show AM Best Ratings					
Subcontractors Address					INSURER D : Insurance Company D				_	
JP'					INSURER E : Insurance Company E					
					INSURER F:					
			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	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	GENERAL LIABILITY	X	X		XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY	BILITY		N			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,0	000	
	CLAIMS-MADE X OCCUR		1	\			MED EXP (Any one person)			
	X PD Ded. \$2,000	PD Ded. \$2,000 All boxes must be		boxes must be chec	cked		PERSONAL & ADV INJURY	\$1,000,000		
	and er		d endorsements atta	endorsements attached			\$2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:		<u> </u>				PRODUCTS - COMP/OP AGG		\$2,000,000	
	POLICY X PRET LOC						\$			
В	AUTOMOBILE LIABILITY	X	X	POLICY NUMBER	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000	0,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						Current unmodifie	d		
	X HIRED AUTOS X NON-OWNED AUTOS						contract requireme	ents		
С	UMBRELLA LIAB X OCCUR			POLICY NUMBER	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$ 5,000,000		
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000	0,000	
	DED RETENTION \$							\$		
Е	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	S COMPENSATION X WC POLICY		WC POLICY	XX/XX/XX XX/XX/XX		X WC STATU- TORY LIMITS ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		EMPLOYERS LIABILITY	,		EACH ACCIDENT	\$1,000	0,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		Stop Gap:	Ny Appliach	lo to MC	Policios EA EMPLOYEE	\$1,000	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			WA, ND, WY, OH	nly Applicab	ie to vvC	POLICIES POLICY LIMIT	\$1,000	•	
D	Contractors		Х	POLICY NUMBER	XX/XX/XX	XX/XX/XX	\$1,000,000 Limit	,		
	Pollution Liab.						. ,			

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

RE: Project Name & # Umbrella/Excess policy is follow form.

No exclusions for subsidence or cross liability for any person/organization.

All endorsements that are required by the contract MUST be attached:

Additional Insured Endorsements:

Form CG 2010 07/04 & CG 2037 07/04 or Equivalent Primary Non-Contributory Endorsement

Waiver of Subrogation Endorsements

CERTIFICATE HOLDER

Haskell Corporation 1001 Meador Avenue PO Box 917 Bellingham, WA 98227 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

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