

Exh. JS-4  
Dockets TE-200016/272  
3 Pages

**Addresses**

Business Address: **15 S GRADY WAY**

Business Phone: **(206) 579-5911** Business Fax: **Fax: (206) 274-6252**

Mail Address: **3932 62ND AVE CRT E**

Mail Phone:

Mail Fax:

Undeliverable Mail:

**Insurance History:**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: [REDACTED]	Coverage From	<b>\$0</b>	To:	<b>\$5,000,000</b>
Effective Date From: <b>03/24/2017</b>	To: <b>10/11/2019</b>	Disposition: <b>Cancelled</b>		

Insurance Carrier AMERICAN SERVICE INSURANCE COMPANY, INC.  
Attn: ATLAS FINANCIAL HOLDINGS/NICOLE SOLANO  
Address: 150 NORTHWEST POINT BLVD  
ELK GROVE VILLAGE, IL 60009 US  
Telephone:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: [REDACTED]	Coverage From	<b>\$0</b>	To:	<b>\$5,000,000</b>
Effective Date From: <b>03/24/2017</b>	To: <b>03/24/2019</b>	Disposition: <b>Replaced</b>		

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Telephone:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>			
Policy/Surety Number: [REDACTED]	Coverage From	<b>\$0</b>	To:	<b>\$5,000,000</b>
Effective Date From: <b>03/24/2019</b>	To: <b>03/24/2020</b>	Disposition: <b>Cancelled</b>		

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