

IN WASHINGTON
P.O. Box 729
Kirkland, WA 98083-0729
(206) 883-8702
X (206) 869-4043



IN OREGON
P.O. Box 4486
Portland, OR 97208-4486
(503) 293-9555
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CRUMP E&S NORTHWEST, INC.

INSURANCE BINDER

Date of Issuance: **DECEMBER 10, 1991**

Binder No. **011431**

In accordance with your instructions and in reliance upon the statements made in your application, insurance is effected as follows:

Insurer(s): **NATIONAL INDEMNITY CO.**

Assigned Policy(ies) or Certificate(s) number(s): **TR328612**

Name of Insured: **KLEENWELL BIOHAZARD**

Mailing Address: **17800 DES MOINES MEMORIAL DR
SUITE A
SEATTLE, WA 98148**

Binder Period From: **DECEMBER 15, 1991 12:01 A.M.** To: **JANUARY 15, 1992 12:01 A.M.**

Standard Time at the address as stated above/at the location of property or interest(s) insured. This binder will be terminated upon delivery of formal policy(ies) or Certificate(s) issued.

Coverage: **COMMERCIAL AUTO LIABILITY**

Limit(s) of Liability or Amount(s) of Insurance:

1,000,000 CSL; 25,000/50,000/10,000 UM BI/PD;

Conditions and/or Exclusions: **SIR/DEDUCTIBLE NOT APPLICABLE
50 MILE RADIUS**



WUTC
Cause No. _____
Exhibit # <u>9</u>
Witness _____
Date _____

Policy Period From: **DECEMBER 15, 1991** 12:01 A.M. To: **DECEMBER 15, 1992** 12:01 A.M.

Standard Time at the address as stated above/at the location of property or interest(s) insured.

Policy Premium: \$ **3,018.00**

Fees: \$

Taxes: \$ **IF APPL**

Minimum Earned Premium: **\$250.00 (8.28%)**

Rate of Adjustment:

Premium Basis:

Estimated Exposure:

Producer/Broker:

GLENDAL-HILINE INS. AGENCY *
201 S.W. 153RD
P.O. BOX 66246
BURIEN WA 98166

By:

Michael Milchen
MICHAEL MILCHEN

Cancellation: This binder may be cancelled by the insured by surrender thereof to Crump E&S Northwest, Inc. or any of its authorized representatives, or by mailing to Crump E&S Northwest, Inc. written notice stating when thereafter the cancellation shall be effective. **THE INSURANCE UNDER THIS BINDER CANNOT BE CANCELLED FLAT;** earned premium must be paid for the time that insurance has been in force. This binder may be cancelled by Crump E&S Northwest, Inc. by mailing to the insured at the address stated on this binder, written notice stating when not less than ten (10) days thereafter, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the insured or by Crump E&S Northwest, Inc. shall be equivalent to mailing. In the event of cancellation by the insured, the earned premium will be computed short-rate in accordance with the company's customary short-rate table, subject to a minimum premium if applicable, and if cancelled by the insurer(s), the earned premium will be computed pro-rata.

This binder is subject to the terms, conditions and stipulations on the reverse side.