

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2020

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 Cochrane & Company, A Division of Cochrane NAME: MONTEITH INSURANCE INC PHONE Agency 9098380655 FAC 8518 GAGE BLVD STE 1 (A/C. No. Ext): (A/C. No): E-MAIL KENNEWICK, WA 99336 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: COLUMBIA INSURANCE COMPANY 27812 INSURED INSURER B: KIM JONES DBA: DESERT WAVE LIMOUSINE INSURER C:

2569	N COLUMBIA CENTRE BLVD			un-	BUNER C.			\rightarrow	
	HLAND, WA 99352			IN	INSURER D:				
NO	ILMID, 11A 33302			IN	ISURER E:				
					BURER F:				
COV	ERAGES CERT	IFICA	TE NUN	BER: 475,413		REVISION NU	JMBER:		
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES OF INSU ATED. NOTWITHSTANDING ANY REQUIREME IFICATE MAY BE ISSUED OR MAY PERTAIN, T USIONS AND CONDITIONS OF SUCH POLICIE	NT, TE THE IN	ERM OR SURANC IITS SHO	CONDITION OF ANY CONT E AFFORDED BY THE POL	RACT OR OTHER LICIES DESCRIBED DUCED BY PAID CL	DOCUMENT WITH HEREIN IS SUBJ AIMS.	RESPECT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'LAGGREGATE LIMITAPPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea eccident)	\$	1,050,000
	ANYAUTO				11/05/2020 10:15 AM	11/05/2021 12:01 AM	BODILY INJURY (Per Person)		N/A
	ALLOWNED AUTOS HIREDAUTOS AUTOS AUTOS AUTOS			71APR392597			BODILY INJURY (Per accident)		N/A
							PROPERTY DAMAGE (Per accident)	\$	N/A
	UMBRELLA LIAB OCCUR		\vdash				EACH OCCURRENCE	٠,	
	EXCESS LAB CLAIMS-MADE	1					AGGREGATE	─;	
	H	1					AGGREGATE	-	
	DED RETENTION \$ WORKERS COMPENSATION	 	+				WC STATU-	OTH-	
	AND EMPLOYERS' LIABILITY						TORYLIMITS	ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under						E. L. EACH ACCIDENT	5	
						E. L. DISEASE — EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below	<u> </u>	\sqcup				E. L. DISEASE - POLICY LIMIT	\$	
	<u> </u>							\$	
	H							\$	
As r	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (/ required by Washington Administrative Coo days written notice by the insurer to the De	ie 308	3-83-115	the listed insurance po			t be canceled on less than		
Year, Make, Model, VIN					Collision	Comp or Spec. Caus.	Stated Phys. Dam. Amount Deductible	In-Tow Limit	Cargo Limit
2005 HUMMER HUMMER H2 5GRGN23U55H100435					Covered	Agn	40,000 1000/1000	N/A	N/A
1999 LINCOLN TOWN CAR 1LNHM81W3XY672456					Covered	np/	9,000 1000/1000	N/A	N/A
CERT	TIFICATE HOLDER			С	ANCELLATION				
					IOU DANN OF THE	DOWE DESCRIPTION	OLIGIES DE CANCELLES DESCE		

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9027

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

OLYMPIA, WA 98507-9027

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