



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 MONTEITH INSURANCE INC 8518 GAGE BLVD STE 1 KENNEWICK, WA 99336	CONTACT NAME: Cochrane & Company, A Division of Cochrane PHONE (A/C. No. Ext): Agency 9098380655 FAC (A/C. No): E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: COLUMBIA INSURANCE COMPANY</td> <td style="border: none;">27812</td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: COLUMBIA INSURANCE COMPANY	27812	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: COLUMBIA INSURANCE COMPANY	27812														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED KIM JONES DBA: DESERT WAVE LIMOUSINE 2569 N COLUMBIA CENTRE BLVD RICHLAND, WA 99352															

COVERAGES **CERTIFICATE NUMBER: 475,413** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$												
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			71APR392597	11/05/2020 10:15 AM	11/05/2021 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,050,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">WC STATUTORY LIMITS</td> <td style="width: 30%; border: none;">OTHER</td> </tr> <tr> <td style="border: none;">E. L. EACH ACCIDENT</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E. L. DISEASE - EA EMPLOYEE</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;">E. L. DISEASE - POLICY LIMIT</td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E. L. EACH ACCIDENT	\$	E. L. DISEASE - EA EMPLOYEE	\$	E. L. DISEASE - POLICY LIMIT	\$		\$		\$
WC STATUTORY LIMITS	OTHER																		
E. L. EACH ACCIDENT	\$																		
E. L. DISEASE - EA EMPLOYEE	\$																		
E. L. DISEASE - POLICY LIMIT	\$																		
	\$																		
	\$																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 As required by Washington Administrative Code 308-83-115, the listed insurance policy for a limousine carrier may not be canceled on less than 30 days written notice by the insurer to the Department of Licensing.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2005 HUMMER HUMMER H2 5GRGN23U55H100435	Covered	np/l	40,000	1000/1000	N/A	N/A
1999 LINCOLN TOWN CAR 1LNHM81W3XY672456	Covered	np/l	9,000	1000/1000	N/A	N/A

CERTIFICATE HOLDER STATE OF WASHINGTON DEPARTMENT OF LICENSING PO Box 9027 OLYMPIA, WA 98507-9027	CANCELLATION 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
--	--