

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2022

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

PRODUCER RISINDSURANCE SERVICES PO BOX 1050 ANACCRIES WA 98221 ***COMERCES WA 98221 **		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).											
RIS INSURANCE SERVICES ANACORTES WA 88221 Property				. ,		CONTACT CERTIFICATE DEPARTMENT							
ANACORTES WA 98221 ***BUBBER 3 CREAT WEST CASUALTY INSURANCE** *						FAV							
National	_					E-MAIL ADDRESS: CERTS@RISNET COM							
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RESIDENCE SCHOULD INC 615 E PIONEER SUITE 211 PO BOX 279 PUYALLUP WA 98371 REFINENCE SCHOOL						,							
ES LOGISTICS GROUP INC 816 E PIONEER SUITE 211 PO BOX 279 POYALLUP WA 98371 **SIGNER 1:	INSU	RED			EJLOG-1						11071		
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MOURAGES CERTIFICATE NUMBER: 1281767878 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 MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD COURSE. THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICHAEL AND THE INSURED NAMED ABOVE FOR THE POLICY PROVISIONS. **ACHIOLOGY IN THE POLICY PROVISIONS** **ACHIOLOGY FOR THE POLICY PROVI													
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DC/		•				AUTHORIZED REPRESENTATIVE							
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/9/2022

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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)

	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).											
	DUCER				CONTACT NAME: CERTIFICATE DEPARTMENT							
RIS INSURANCE SERVICES PO BOX 1059						PHONE (A/C, No, Ext): 360-293-2135 FAX (A/C, No):						
	ACORTES WA 98221				E-MAIL ADDRESS: CERTS@RISNET.COM							
									NAIC #			
					INSURER A : GREAT WEST CASUALTY INSURANCE				11371			
INSL				EJFRE-1	INSURER B:							
	FREIGHT LLC D. BOX 279				INSURE	R C :						
	YALLUP WA 98371				INSURE	RD:						
					INSURE	RE:						
					INSURER F:							
СО	VERAGES CER	TIFI	CATE	E NUMBER: 1515357927				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											
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Α	X COMMERCIAL GENERAL LIABILITY			MCP26505H		11/1/2022	11/1/2023	EACH OCCURRENCE	\$ 1,000,0	000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 100,000			
								, , , , , , , , , , , , , , , , , , , ,	\$ 5,000			
								` ' ' '	\$ 1,000,0	000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,0			
	X POLICY PRO- JECT LOC								\$ 2,000,0			
	OTHER:							\$				
Α	AUTOMOBILE LIABILITY			MCP26505H		11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	000		
	X ANY AUTO								\$,00		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
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A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				MCP26505H		11/1/2022	11/1/2023	PER X OTH-	STOP GAP			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A							\$ 500,000			
		IN / A						E.L. DISEASE - EA EMPLOYEE	E \$500,000			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	T \$500,000			
Α	CARGO/BROAD FORM PHYSICAL DAMAGE			MCP26505H		11/1/2022	11/1/2023	\$5,000 DED \$5,000 DED	\$300,0	000 LIMIT		
	BAILEE/TRAILER INTERCHANGE							\$1,000 DED		00 LIMIT		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC RGO FORM DOES NOT EXCLUDE CA	LES (ACORE	0 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)				
	RGOT ORIVIDOES NOT EXCEUDE CA	NGC	LUS	3 DOL TO KLLI LK BKLA	ANDOV	VIN						
CE	RTIFICATE HOLDER			CANO	CELLATION							
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