

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2018

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 have ADDITIONAL INSURED provisions or 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 liqu of such endorsement(s)

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PRODUCER	CONTACT Corin Smith
Rice Insurance LLC	PHONE (360) 734-1161 FAX (A/C, No, Ext): (360) 734-1173
1400 Broadway	E-MAIL ADDRESS: corins@riceinsurance.com
P.O. Box 639	INSURER(S) AFFORDING COVERAGE NAIC #
Bellingham WA 98227	7 INSURER A: Ohio Security Insurance Co. 24082
INSURED	INSURER B: Mutual of Enumclaw 14761
Sound Painting Solutions LLC	INSURER C: Ohio Casualty Insurance Co. 24074
PO Box 80921	INSURER D:
	INSURER E:
Seattle WA 98108	8 INSURER F:
COVERAGES CERTIFICATE NUMBER: CL1	831550346 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.	

ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS **COMMERCIAL GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE | X OCCUR PREMISES (Ea occurrence) 15,000 MED EXP (Any one person) BKS58608220 03/02/2018 03/02/2019 1,000,000 Α PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED В CPP0017414 01/12/2018 01/12/2019 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY (Per accident) \$ UMBRELLA LIAB 2,000,000 OCCUR EACH OCCURRENCE С **EXCESS LIAB** ESO58608220 03/02/2018 03/02/2019 2,000,000 CLAIMS-MADE AGGREGATE RETENTION \$ DED \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 03/02/2019 N/A BKS58608220 - WA Stop Gap 03/02/2018 OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 2,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER CANCELLATION**

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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

Evidence of Insurance Only