



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) **9/23/2009**

**PRODUCER**  
**PARKER, SMITH & FEEK, INC.**  
 2233 112th Avenue N.E.  
 Bellevue, Washington 98004  
 Phone: 425-709-3600 Fax: 425-709-7460

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	INSURANCE COMPANY	A- VII
INSURER B:	INSURANCE COMPANY	A- VII
INSURER C:	INSURANCE COMPANY	A- VII
INSURER D:	INSURANCE COMPANY	A- VII
INSURER E:		

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
1	X	<b>GENERAL LIABILITY</b>	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE \$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ <b>5,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ <b>1,000,000</b>
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ <b>2,000,000</b>
						PRODUCTS-COMP/OP AGG \$ <b>2,000,000</b>
4	X	<b>AUTOMOBILE LIABILITY</b>	POLICY NUMBER	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
		<input checked="" type="checkbox"/> MCS 90 (if applicable)				OTHER THAN AUTO ONLY: EA ACC \$
						AGG \$
		<b>GARAGE LIABILITY</b>				
		<input type="checkbox"/> ANY AUTO				
8	X	<b>EXCESS/UMBRELLA LIABILITY</b>	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE \$ <b>TBD</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ <b>TBD</b>
		<input type="checkbox"/> DEDUCTIBLE				
		RETENTION \$				
8	C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	POLICY NUMBER STOP GAP	00/00/0000	00/00/0000	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ <b>1,000,000</b>
						E.L. DISEASE - EACH EMPLOYEE \$ <b>1,000,000</b>
						E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
8	D	<b>OTHER</b>	POLICY NUMBER	00/00/0000	00/00/0000	EACH OCCURRENCE \$ <b>TBD</b>
		E Contractors Pollution Liability and/or Professional Liability				AGGREGATE \$ <b>TBD</b>
						\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

9 -> **GLY Project (Name), (Job Number)**

GLY Construction, Inc. (Project Owner) and (Bldg Owner) and their respective Officers, Directors, and Employees are Additional Insured, coverage is primary and non-contributory and includes completed operations per attached endorsements.

CERTIFICATE HOLDER	CANCELLATION
10 -> <b>GLY Construction, Inc.</b> Attn: Risk Management PO Box 6728 Bellevue, WA 98008-0728	*10 days for non-payment of premium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (Signature) ← - 11



1	There should be an "X" under each line of coverage applicable in this column. Not applicable to Stop Gap, or Professional.
2	This is the Per Project Aggregate.
3	These are minimum limits for Damage to Premises Rented & Med pay.
4	This is where the MCS 90 form would be shown if applicable.
5	This should always show \$1,000,000.
6	If umbrella or excess are required.
7	This is where Employers Liability or Stop Gap would be shown. You may also see this coverage shown under the General Liability. In Washington, this coverage is written on the General Liability policy.
8	Either Pollution or Professional or both can be shown on this line. This may also be shown on a separate certificate. If Additional Insured is required (on Pollution only), it should be noted in the description box.
9	Project Name and Number are shown along with the Additional Insured, Primary, Non-Contributory and Completed Operations wording, and reference "attached endorsement.
10	This should show your correct Name and Address.
11	Authorized signature. Do not accept an unsigned certificate.