

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2023

AIC Insurance Agency
Portland, OR 97267

INSURED

Rusiknetik LLC Ridgefield, WA 98642

COVERAGES CERTIFICATE NUMBER: 00071701-33292 **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. TYPE OF INSURANCE ADDL SUBR POLICY EFF POLICY EXP INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 09/15/2023 09/15/2024 \$ **MPJ7236E** 1,000,000 Α DAMAGE TO RENTED \$ 500,000 X OCCUR CLAIMS-MADE PREMISES (Ea occurrence) MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY 1,000,000 GEN'L AGGREGATE LIMIT APPLIES GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 X **POLICY** LOC \$ OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) OWNED **SCHEDULED** \$ **AUTOS ONLY** AUTOS HIRED NON-OWNED **AUTOS ONLY AUTOS ONLY** PROPERTY DAMAGE \$ (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE \$ **EXCESS LIAB** AGGREGATE \$ OCCUR CLAIMS-MADE \$ DED **RETENTION \$** WORKERS COMPENSATION OTHER PER STATUTE AND EMPLOYERS' LIABILITY Y / N E.L. EACH ACCIDENT \$ PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A F L DISEASE - FA If ves, describe under \$ DESCRIPTION OF OPERATIONS below **EMPLOYEE** 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 Evidence of Insurance** 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 (TNG)