

# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name • Farmers Insurance  
 & • Rutherford Agency  
 Address • 33305 1st Way S #B206  
 • Federal Way, WA 98023

Issue Date (MM/DD/YY) 01/20/15

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 shown below.

St. 79 Dist. 48 Agent 307

### Companies Providing Coverage:

Insured  
 Name • All-Brite Prof Paint/Srvcs Inc  
 & • 23009 265th PI SE  
 Address • Maple Valley, WA 98038

Company **A** Truck Insurance Exchange  
 Letter  
 Company **B** Farmers Insurance Exchange  
 Letter  
 Company **C** Mid-Century Insurance Company  
 Letter  
 Company **D** \_\_\_\_\_  
 Letter

### Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	<input checked="" type="checkbox"/> General Liability	602407572	01/13/15	01/13/16	General Aggregate	\$ 2,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Products-Comp/OPS	\$ 2,000,000
	<input checked="" type="checkbox"/> - Occurrence Version				Aggregate	\$ 2,000,000
	Contractual - Incidental Only				Personal & Advertising Injury	\$ 1,000,000
	<input checked="" type="checkbox"/> Owners & Contractors Prot.				Each Occurrence	\$ 1,000,000
					Fire Damage (Any one fire)	\$ 75,000
					Medical Expense (Any one person)	\$ 5,000
	Automobile Liability				Combined Single Limit	\$
	All Owned Commercial Autos				Bodily Injury (Per person)	\$
	Scheduled Autos				Bodily Injury (Per accident)	\$
	Hired Autos				Property Damage	\$
	Non-Owned Autos				Garage Aggregate	\$
	Garage Liability					
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory	
					Each Accident	\$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

Description of Operations/Vehicles/Restrictions/Special items:

### Certificate Holder

Name • State of WA Dept of L&I  
 & • PO Box 44450  
 Address • Olympia, WA 98504

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Ty Rutherford  
 Authorized Representative