

**CERTIFICATE OF INSURANCE**

Issue Date:

<p><b>PRODUCER</b>                  Ron Graybeal                  Beecher Carlson Insurance Agency                  220 NW 2nd Avenue, Suite 800                  Portland, OR 97209-3951</p>	<p>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.</p> <p style="text-align: center;"><b>COMPANIES AFFORDING COVERAGE</b></p> <p>LETTER A                      National Union Fire Insurance Company of Pittsburg PA                  COMPANY                  LETTER B                  COMPANY                  LETTER C                  COMPANY                  LETTER D                  COMPANY                  LETTER E</p>
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**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 CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE		
	<b>GENERAL LIABILITY</b>					
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date	GENERAL AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	CLAIMS MADE OCCUR				PRODUCTS-COMP/OPS AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	OWNER'S & CONTRACTORS PROT.				PERSONAL & ADVERTISING INJURY EACH OCCURRENCE	\$XXX,XXX
					FIRE DAMAGE (Any one fire)	\$XXX,XXX
					MEDICAL EXPENSE (Any one person)	\$XXX,XXX
	<b>AUTOMOBILE LIABILITY</b>					
<input type="checkbox"/>	ANY AUTO				COMBINED SINGLE LIMIT	\$XXX,XXX
<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY(Per person)	\$XXX,XXX
<input type="checkbox"/>	SCHEDULE AUTOS				BODILY INJURY (Per accident)	\$XXX,XXX
<input type="checkbox"/>	HIRED AUTOS				PROPERTY DAMAGE	\$XXX,XXX
<input type="checkbox"/>	NON-OWNED AUTOS				COLLISION DEDUCTIBLE	\$XXX,XXX
<input type="checkbox"/>	GARAGE LIABILITY				COMPREHENSIVE DEDUCTIBLE	\$XXX,XXX
	<b>EXCESS LIABILITY</b>					
<input type="checkbox"/>	UMBRELLA FORM				AGGREGATE	\$XXX,XXX
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					
	<b>WORKERS COMPENSATION</b>				\$15,000,000	LIMIT
A	AND EMPLOYERS' LIABILITY	4990390	1/1/2010	1/1/2011	\$1,000,000	(EACH ACCIDENT)
					\$1,000,000	(DISEASE-POLICY LIMIT)
					\$1,000,000	(DISEASE-EACH EMPLOYEE)

**OTHER**

Covered states - CA DE OR WA

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/ RESTRICTIONS/SPECIAL ITEMS**

Limits shown are above a \$5 000,000 self-insured retention

**CERTIFICATE HOLDER**

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**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE 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.

Authorized Representative

R Graybeal, CPCU, ARM

