

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Month/Date/Year

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 lieu of such endorsement(s).

<u> </u>					
PRODUCER	CER CONTACT NAME:				
Insurance Agent/Broker Name Insurance Agent/Broker Street Ade	Address or P.O. Box	PHONE FAX (A/C, No. Ext): (A/C, No. Ext):	0):		
City, State, and Zip Code		ADDRESS:  INSURER(S) AFFORDING COVERAGE	NAIC #		
Contact and Phone Number		INSURER A: Name of Insurance	Enter NAIC #		
Customer Name Customer Street Address or P.O. Box City, State, and Zip Code		INSURER B: Name of Insurance Company (if applica	able) Enter NAIC #		
		INSURER C: Name of Insurance Company (if applica	able) Enter NAIC #		
		INSURER D:			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBERS			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INTURED NAMED ABOVE FOR THE POLICY PERIOD					

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INJURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR THE DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESTRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TO PARTICIAL.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED APACELAIMS.							
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	(MM) D/YY Y)	OLICY EXP (I M/DD/YYYY)	LIMIT	s
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		Enter Policy Number	Enly	Enter Expiration Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000,000 \$ 100,000 \$ N/A
		N'L AGGREGATE LIMIT APPLIES PER:			Effective Date		PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
	X	POLICY PRO- JECT LOC		<b>-</b> (7)			PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$
	AUT	OMOBILE LIABILITY  ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		70			EACH OCCURRENCE AGGREGATE	\$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A	4			PER STATUTE OTH- STATUTE ER.  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$	
	All re inclu as p loss	er: Property, Equipment, Inland Marine, etc. ental and lease equipment, which shall ide all mobile office and storage containers rovided by written contract with lessor/lease payee	<b>D</b>	Enter Policy Number  101. Additional Remarks Schedule, may be	Enter Effective Date	Enter Expiration Date		Insurance Coverage Limits

Pacific Mobile Structures, Inc. is named as additional insured for general liability and loss payee on any and all, current and future, leased mobile units and equipment.

CERTIFICATE HOLDER	CANCELLATION
Pacific Mobile Structures, Inc. Attn: Franci Wolf P.O. Box 1404 Chehalis, WA 98532	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Phone: 360.345.1576 Fax: 360.748.0578 insurance@pacificmobile.com	AUTHORIZED REPRESENTATIVE

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