

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2020

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).

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PRO	DUCER		CONTA NAME:	CONTACT NAME:								
Hiscox Inc.						PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):						
520 Madison Avenue						E-MAIL ADDRESS: contact@hiscox.com						
32nd Floor Now York, NY 10022						INSURER(S) AFFORDING COVERAGE NAIC #						
New York, NY 10022						INSURER A: Hiscox Insurance Company Inc 1020						
INSURED						INSURER B:						
Capital Locksmith, Inc.					INSURER C:							
1327 14TH AVE S Unit A					INSURER D :							
Seattle WA 98144					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						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.												
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
LIIX	COMMERCIAL GENERAL LIABILITY				(WIND DITTIT)	(MIM/DD/1111)	EACH OCCURRENCE \$ 1,00			00 000		
•	CLAIMS-MADE X OCCUR						00/07/0004	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100	,	
	02					MED EXP (Any one person)		\$ 5,000				
		N	LIDO 0070044 00L (00/07/0000	· , , , ,		\$ 1,00				
Α	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER:		UDC-2279644-CGL-2		20	06/07/2020	06/07/2021			\$ 2,00	•	
										\$ 2,00		
									70. 7.00	\$		
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) \$		\$		
								PROPERTY DAMAGE (Per accident) \$		\$		
								(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		-		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCID	'	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$		
								E.L. DISEASE - POLICY LIMIT \$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
CERTIFICATE HOLDER						CANCELLATION						
Washington State Department of Labor and Industry												
	ractual Registration 3ox 44450	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
	pia, WA 98504		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
						AUTHORIZED REPRESENTATIVE						