



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: EX

DATE (MM/DD/YYYY)

08/09/11

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 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).

<b>PRODUCER</b> Palmer Insurance Agency 10832 185th Ave SE Issaquah, WA 98027 Palmer, Larry E.		425-313-9605 425-392-4511	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>ARGOB-1</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> Argo Blower / Mfg Co., Inc. 5400 E Marginal Way S, #1 Seattle, WA 98134		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : Mid Century</b>		
		<b>INSURER B : Truck Insurance Exchange</b>		<b>AXV</b>
		<b>INSURER C : Farmers Insurance Exchange.</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			604726876	04/01/11	04/01/12	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>	
	<b>CONT INSTALL 10K</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ <b>2,000,000</b>	
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC		PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
							\$	
A	<b>AUTOMOBILE LIABILITY</b>		<input checked="" type="checkbox"/>	604726876	04/01/11	04/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> HIRED AUTOS			<b>COMP: \$500</b>	04/01/11	04/01/12	\$	
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>COLL: \$1000</b>			\$	
							\$	
							\$	
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			604729831	04/01/11	04/01/12	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> OCCUR						\$
	<input type="checkbox"/>						\$	
	<input type="checkbox"/>						\$	
	DEDUCTIBLE						\$	
	RETENTION \$						\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			604726876	04/01/11	04/01/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
								E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>BUILDING</b>			604726881	04/01/11	04/01/12	<b>BUILDING</b> 2,596,300	
A	<b>LEASED/RENTED EQ.</b>			604726876	04/01/11	04/01/12	<b>LSD/RNT</b> 200,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is also listed as "additional insured" but only sofar as their interests may appear in respects to:  
 Argo Blower Mfg Co, Inc. 5400 E Marginal Way S, #1, Seattle WA 98134

**CERTIFICATE HOLDER****CANCELLATION**

PCL Construction Services, Inc  
 187 S. Holgate  
 Seattle, WA 98134

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

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