



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2018

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).

PRODUCER Marsh USA, Inc. 1301 5th Avenue, Suite 1900 Seattle, WA 98101		CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS:	
CN102797961-ALL-GLWC-18-19 LYNDE none		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Lynden Incorporated PO Box 3757 Seattle, WA 98188		INSURER A : ACE American Insurance Company 22667 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** SEA-003326770-27 **REVISION NUMBER:** 7

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDOG27629441	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC48133678	11/01/2018	11/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 EVIDENCE OF INSURANCE ONLY

CERTIFICATE HOLDER

CANCELLATION

LYNDEN INCORPORATED P.O. BOX 3757 SEATTLE, WA 98188	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 of Marsh USA Inc. Kenneth Ott
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Lynden Incorporated PO Box 3757 Seattle, WA 98188	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

- Lynden Incorporated
- A.J. Associates, Inc.
- Alaska Marine Lines, Inc.
- Alaska Marine Trucking LLC
- Alaska International Holdings, Inc.
- Alaska West Express, Inc.
- AmRus Trans, LLC
- AmRus Trans RFE, LLC
- Arctic Logistics, Inc.
- Bering Marine Corporation
- Bering Sea 344, Inc.
- Bowhead Equipment Company
- Bowhead Equipment Company dba Lynden Tank Company
- Brown Line, LLC
- Brown Line, LLC dba Brown Line Logistics
- Canadian Lynden Transport Co.
- Douglas Management Company
- LTI, Inc.
- LTI, Inc. dba Milky Way
- Lynden Air Cargo, LLC
- Lynden Air Freight, Inc.
- Lynden Air Freight, Inc. dba Lynden International
- Lynden Air Freight, Inc. dba Mover, Inc.
- Lynden Canada Co.
- Lynden International (BE)
- Lynden International Logistics Co.
- Lynden Logistics, Inc.
- Lynden Marine Leasing, LLC
- Lynden Puerto Rico, Inc.
- Lynden Services, Inc.
- Lynden Transport, Inc.
- Milky Way, Inc.
- Nana/Lynden Logistics, LLC
- Swan Bay Holdings, Inc.
- Lynden 401K Retirement Savings Plan & Trust
- Lynden Pension Equity Plan
- The Alaska Marine trucking LLC 401(k) Retirement Savings Plan
- Nana/Lynden Logistics, LLC 401(k) Retirement Savings Plan
- Alagnak Holdings, LLC
- Northland Transportation Company
- Jore Marine Services, Inc.
- Naknek Barge Lines, LLC
- Northland Services, Inc.
- Nunaniq, LLC
- NVLC Freight, LLC
- Louisiana Shoreline Solutions, LLC



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And all its affiliated, subsidiary and associated companies and/or corporations including joint ventures and partnerships, or any other subsidiary or other entity as now existing or may hereafter be constituted, acquired or created which is managed, owned, controlled or operated by the Named Insured or for which the Named Insured has responsibility for obtaining insurance coverage and Jim Jansen, Vic Jansen, Guy Jansen and the Estate of Henry Jansen as their interests may appear in operation of the Named Insured.