

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2023

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						ст	•				
B&L Brokerage Services, Inc.						NAME: PHONE (A/C, No, Ext): 800-644-5501 FAX (A/C, No): 317-715-9648					
111 Congressional Blvd Carmel IN 46032						E-MAIL ADDRESS: piccertreq@protectiveinsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
License#: 544549						INSURER A: Protective Insurance Company, Inc.				12416	
INSURED LYNDTRA-01					INSURER B:						
LTI, Inc 18000 International Blvd					INSURER C:						
Seattle WA 98188					INSURER D:						
					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 447724731 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 E						BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								` ' ' '	\$		
									\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								\$		
									\$		
Α	OTHER: AUTOMOBILE LIABILITY			X-2005		11/1/2023	11/1/2024	001401150 011015 11115	\$\$2,000	0.000	
	X ANY AUTO			X 2000		11/1/2020	11/1/2021		\$	-,	
	OWNED SCHEDULED							` ' '	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS CINET								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE above referenced policy is issued with								combine	ed shall not	
exc	exceed the limit shown in the policy.										
In the event of policy cancellation or material change, written notice will be given to the certificate holder named hereon, at the address indicated, of such											
cancellation or material change within Thirty (30) days thereof.											
CERTIFICATE HOLDER CANCELLATION											
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
LTI, Inc.											
3814 Old Hwy 99 Rd. Mt. Vernon WA 98273						AUTHORIZED REPRESENTATIVE					
	1 2511 117 1327 0	Saffey E. Silvey									