

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							CONTACT					
MARSH USA, LLC.						NAME: PHONE FAX						
1301 5th Avenue, Suite 1900 Seattle, WA 98101						(A/C, No, Ext): (A/C, No):						
Journal Mary State Control of the Co						E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE					
CN102797961-LTI-GWXSW-22-23 LTI						INSURE	RA: ACE Ameri	ican Insurance Co	ompany		22667	
INSURED LTI, Inc. dba: Milky Way						INSURER B : N/A					N/A	
Lynden Incorporated						INSURE	RC:					
PO Box 3757						INSURER D:						
Seattle, WA 98188						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:						SEA-003474241-25 REVISION NUMBER: 14						
_		S TO CERTIFY THAT THE POLICIES									LICY 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,												
		IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO) ALL	THE TERMS,	
						DEEN						
INSR LTR			INSD	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	X	COMMERCIAL GENERAL LIABILITY			HDO G27632051		11/01/2023	11/01/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	250,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EVOESO LIAD										
		CLAIWG-WADL							AGGREGATE	\$		
A	WOF	DED RETENTION \$ RKERS COMPENSATION			WLR C68932786		11/01/2023	11/01/2024	X PER OTH-	\$		
' '	AND	EMPLOYERS' LIABILITY									1,000,000	
	OFF	ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A						E.L. EACH ACCIDENT	\$	1,000,000		
	If yes	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
<u> </u>	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A		CESS WORKERS			WCU C68932804		11/01/2023	11/01/2024	EMPLOYERS LIABILITY		1,000,000	
	COV	MPENSATION							SIR: \$1,000,000			
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
CERTIFICATE HOLDER							CANCELLATION					
LTI, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Lynden Incorporated PO Box 3757							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Seattle, WA 98188						ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHORIZED REPRESENTATIVE					
									Marsh USA	11	0	