

**R1AMEARS** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/18/2023

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.

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	the ce	ertif	ficate holder in lieu of such er	dorsement(s)	). 	require an endorsemen	it. A 3		
	DUCER			CONT	ACT					
AssuredPartners of Washington, LLC 1325 4th Ave Suite 2100 Seattle, WA 98101					PHONE (A/C, No, Ext): (800) 429-4144 FAX (A/C, No): (425) 336-7081					
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC#	
				INCH	INSURER A : Lloyd's of London				NAIO#	
INICII	PED.				INSURER B: Western National Mutual Ins CO				15377	
INSURED										
	NVL Laboratories, Inc.			INSUF	INSURER C: Homeland Insurance Company of New York				34452	
	4708 Aurora Avenue N Seattle, WA 98103			INSUF	INSURER D:					
	Seattle, WA 30103			INSUF	INSURER E:					
				INSUF	INSURER F:					
CO	VERAGES CER	TIFICA	\TE	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 PE										
					I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,					
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F							O ALL	THE TERMS,	
NSR		ADDL SU			POLICY EFF	POLICY EXP	Y EXP			
A A	X COMMERCIAL GENERAL LIABILITY	INSD W	עאו	1 OLIOT HOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		<u>,                                     </u>	2,000,000	
• •	CLAIMS-MADE X OCCUR			ENG0006440	0/49/2022	0/48/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
			•	ENC0006418	9/18/2023	9/18/2024		\$	25,000	
	X - /						MED EXP (Any one person)	\$		
	χ Emp Liab/WA Stop Gap						PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
В	AUTOMOBILE LIABILITY				9/18/2023	9/18/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		(	CPP1221798			BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS			01112200	0.10.2025	0, 10,202				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	AÜTÖS ONLY AÜTÖS ÖNLY						(Per accident)	\$		
_		<del></del>						\$	5,000,000	
С	UMBRELLA LIAB X OCCUR		L	700044400 0000	0/40/0000	0/40/2024	EACH OCCURRENCE	\$		
	X EXCESS LIAB CLAIMS-MADE			793011436 0002	9/18/2023	9/18/2024	AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 0							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER X OTH-			
			F	ENC0006418	9/18/2023	9/18/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	ψ e	1,000,000	
Α	Professional Liab		T <sub>F</sub>	ENC0006418	9/18/2023	9/18/2024	Included	Ф		
A	Contrs Pollution			ENC0006418	9/18/2023	9/18/2024	Included			
^					3.13.2020	0.10.2024	inoladou			

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
Evidence of Insurance Only	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
	Kan Bear