

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/21/2014

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). | | | | | | | | | | | | |
|---|--|---|-----------|-----|-----------------|--|--|--------------|--|--------|----------------------|--|
| PRODUCER PRL Insurance | | | | | | | CONTACT Jennifer Terry | | | | | |
| 14150 SE Stark St | | | | | | | PHONE (A/C, No, Ext): 503-255-3299 (A/C, No): 503-257-5116 | | | | | |
| Portland OR 97233 | | | | | | E-MAIL ADDRESS: jennifer@prlinsurance.com | | | | | | |
| Fulliatiu ON 31233 | | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | | |
| | | | | | | INSURER A: North Pacific Insurance Compan | | | | | | |
| INSURED Portland Cremation Center | | | nter | | | INSURER B: Progressive Casualty Insurance | | | | | | |
| 17819 NE Riverside | | | e Pkwy #A | | | | INSURER C: Liberty Northwest Insurance Co | | | | | |
| Portland OR 97230 | | | | , | | INSURER D: | | | | | | |
| . 514414 517 57200 | | | | | | INSURER E : | | | | | | |
| | | | | | | INSURER F: | | | | | | |
| | | | | | NUMBER: | VE DEE | 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. | | | | | | | | | | | | |
| | | | | | | POLICY EFF POLICY EXP | | | | | | |
| INSR LTR | Х | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY | | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | 1 000 000 | |
| Α | _ | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | \$ | 1,000,000 100,000 | |
| | | | | | | | | | PREMISES (Ea occurrence) | \$ | 5.000 | |
| | | | N | N | C09 16-34-56 | | 05/13/2013 | 05/13/2014 | MED EXP (Any one person) PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN | VL AGGREGATE LIMIT APPLIES PER: | 1 1 | | 009 10-34-30 | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | OLI | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | | OTHER: | | | | | | | Fire Damage | \$ | , , | |
| В | AUT | ANY AUTO ALL OWNED X SCHEDULED AUTOS | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | | | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED AUTOS NON-OWNED AUTOS | Ν | N | 01602157-1 | | 05/13/2013 | 05/13/2014 | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | | \$ | | |
| С | | UMBRELLA LIAB X OCCUR | | N | | 3223 | 05/13/2013 | 05/13/2014 | EACH OCCURRENCE | \$ | 5,000,000 | |
| | X | EXCESS LIAB CLAIMS-MADE | Ν | | EUO (14) 55118 | | | | AGGREGATE | \$ | 5,000,000 | |
| | DED RETENTION \$ | | | | | | | | L. DED LOTH | \$ | | |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A NAY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N | | 5-013 | 12/01/2013 | 12/01/2014 | X PER STATUTE OTH- | | | |
| | | | | | WC5-39S-319515 | | | | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | | | | | 1100 000 010010 | | | | E.L. DISEASE - EA EMPLOYEE | | 500,000 | |
| | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | |
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| CE | RTIF | FICATE 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. | | | | | | |
| | | | | | | | AUTHORIZED REPRESENTATIVE CAMCIAM JULY | | | | | |