

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2014

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 fiolities fil fied of Such	rendoraement(a).				
PRODUCER		CONTACT NAME:			
Mitchell Reed & Schmit	tten Insurance, Inc	PHONE (A/C, No, Ext): (509) 665-0500 FAX (A/C, No): (509) 664-4004			
124 E. Penny Road, Su	ite 101	E-MAIL ADDRESS:			
Wenatchee, WA 98801		INSURER(S) AFFOR	NAIC #		
		INSURER A American State	es Insurance C	co 19704	
INSURED		INSURER B			
Kittitas County Chambo	er of Commerce	INSURER C :			
609 N Main St		INSURER D :			
Ellensburg, WA 98926		INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE 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 PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC		01CI48906140	5/20/2014	5/20/2015	EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000, MED EXP (Any one person) \$ 10, PERSONAL & ADV INJURY \$ 1,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS - COMP/OP AGG \$ 2,000,	000 000 000
A	ANY AUTO ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS		01CI48906140	5/20/2014	5/20/2015	COMBINED SINGLE LIMIT \$ 1,000, (Ea accident) \$ 1,000, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS					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	N/A	Washington State Employers Liab (Stop Gap) 01CI48906140	5/20/2014	5/20/2015	WC STATU OTH- TORY LIMITS S	000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERT	rific	CAT	<u>E H</u>	OL	DER

TO BE USED FOR INFORMATION ONLY CALL 800-253-1442 or 509-665-0500 MITCHELL, REED & SCHMITTEN INS TO ADD ANY CERTIFICATE HOLDERS

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

Jim Gibbons/JS