



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/22/2013

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 Alaska USA Insurance Brokers P.O. Box 196530 Anchorage AK 99519		CONTACT NAME: Brenda Nolin, CIC, CISR PHONE (A/C, No. Ext): (907) 561-1250 FAX (A/C, No): (907) 561-4315 E-MAIL ADDRESS: b.nolin@alaskausainsurance.com PRODUCER CUSTOMER ID #: 00052773																						
INSURED Criterion General, Inc. 2820 Commercial Drive Anchorage AK 99501-3015		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A</td><td>Navigators Specialty Insurance</td><td>36056</td></tr><tr><td>INSURER B</td><td>American Fire & Casualty</td><td></td></tr><tr><td>INSURER C</td><td>Liberty Northwest</td><td></td></tr><tr><td>INSURER D</td><td>Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER E</td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Navigators Specialty Insurance	36056	INSURER B	American Fire & Casualty		INSURER C	Liberty Northwest		INSURER D	Colony Insurance Company	39993	INSURER E			INSURER F		
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COVERAGES**CERTIFICATE NUMBER:** 13-14 Master COI**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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		LA13CGL01914500	1/1/2013	1/1/2014	MED EXP (Any one person) \$ EXCLUDED
	<input checked="" type="checkbox"/> Surplus Lines Policy					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		Worldwide Facilities Inc.			GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		BAA1455340530	1/1/2013	1/1/2014	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					Medical payments \$ 5,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		Surplus Lines Policy			EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		Worldwide Facilities Inc.			AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE					Products-Comp Ops Aggregate \$ 4,000,000
	<input type="checkbox"/> RETENTION \$		CH13EXC768845IC	1/1/2013	1/1/2014	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	WC41NC014537013	1/1/2013	1/1/2014	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability		PKC300494	1/1/2013	1/1/2014	\$1M Ea Occ Poll/\$2MAggregate Ded:\$50,000
	Professional Liability		Surplus Lines Policy-WWF			\$1M Ea Clm Prof/\$2MAggregate Ded:\$50,000

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

Re: 716 W. Fourth Avenue Project. 716 West Fourth Avenue, LLC (Owner), Pfeffer Development LLC, Wells Fargo Bank N.A and Northrim Bank are included as an Additional Insured on the General Liability policy, but only with respect to work done by or on behalf of the Named Insured for the project referenced. Subject to policy terms, conditions & exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Pfeffer Development LLC
425 G Street, Suite 210
Anchorage, AK 99501

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

B Nolin, CIC, CISR/BR *Brenda S. Nolin*

ACORD 25 (2009/09)

INS025 (200909)

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716-001169

COMMENTS/REMARKS

ALASKA SURPLUS LINES WORDING APPLIES TO GENERAL LIABILITY, EXCESS LIABILITY, CONTRACTORS POLLUTION AND PROFESSIONAL LIABILITY POLICIES:

"This is evidence of insurance procured and developed under the Alaska Surplus Lines Law AS21.34. It is not covered by the Alaska Insurance Guarantee Association Act, AS21.80. This insurer does not hold a certificate of authority with Alaska, and is not subject to supervision by the Alaska Department of Insurance"
Worldwide Facilities, Inc. - License #9718