



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2013

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).

<b>PRODUCER</b> Alaska USA Insurance Brokers P.O. Box 196530  Anchorage AK 99519		<b>CONTACT NAME:</b> Brenda Nolin, CIC, CISR <b>PHONE (A/C, No, Ext):</b> (907) 561-1250 <b>FAX (A/C, No):</b> (907) 561-4315 <b>E-MAIL ADDRESS:</b> b.nolin@alaskausainsurance.com <b>PRODUCER CUSTOMER ID #:</b> 00052773																						
<b>INSURED</b> 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 &amp; 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:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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	X		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	X		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		Y				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	WC41NC014537013	1/1/2013	1/1/2014	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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: Lease of 706 W 4th Ave.

The Certificate Holder is an Additional Insured on the General Liability & Automobile policies, 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**

716 West Fourth Avenue, LLC  
737 W. 5th Ave.  
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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716-001172

## COMMENTS/REMARKS

The Certificate Holder is granted Waiver of Subrogation on the Workers' Compensation policy as respects the referenced project subject to the policy terms, conditions and exclusions.

CANCELLATION AS PER ALASKA STATUTE AS 21.36.220

At least 10 days' notice of cancellation is required if cancellation is for conviction of the insured of a crime having as one of its necessary elements an act increasing a hazard insured against, or for discovery of fraud or material misrepresentation made by the insured or a representative of the insured in obtaining the insurance or by the insured in pursuing a claim under the policy.

At least 20 days' notice is required for nonpayment of premium or for failure or refusal of the insured to provide the information necessary to confirm exposure or necessary to determine the policy premium.

At least 60 days' notice is required if cancellation is for any reason except as previously noted.

### Advance Notice Required for Nonrenewal

Except in case of nonpayment of premium for the expiring policy, or if the insured fails to pay the premium as required by the insurer for renewal, an insurer may not fail to renew a policy unless a written notice of nonrenewal is mailed at least 45 days before the expiration date of the policy or of the anniversary date of a policy written for a term longer than 1 year or with no fixed expiration date.

If notice of nonrenewal is not given as required, the existing policy shall continue until the insurer provides notice for the time period required by this section for that policy. This section does not apply if the insurer has in good faith manifested its willingness to renew.

[AS 21.36.240]

### Advance Notice Required for Premium or Coverage Changes

Written notice shall be mailed to the insured and to the agent or broker of record at least 45 days before expiration:

- \*if renewal premium is increased more than 10 percent for a reason other than an increase in coverage or exposure base, or
- \*if after renewal there will be a material restriction or reduction in coverage not specifically requested by the insured.

If notice before expiration of the policy is not given as required by this section, the existing policy shall continue until the insurer provides notice for the time period required for that policy. This section does not apply to workers compensation insurance.

## 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



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Alaska Building, Inc.  
406 G Street, Suite 206  
Anchorage, AK 99501

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