



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2016 9:42 AM

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> Michael Luu Ins Agency Inc 331 Andover Park E., Ste 360 Tukwila, WA 98188	<b>CONTACT NAME:</b> Phyllis N Keller		
	<b>PHONE (A/C, No, Ext):</b> 206-774-9852	<b>FAX (A/C, No):</b> 206-388-2221	
<b>E-MAIL ADDRESS:</b> phyllis.vluu@farmersagency.com			
<b>PRODUCER CUSTOMER ID #:</b>			
<b>INSURED</b> Reign Electric LLC, DBA: Reign Electric LLC 421 Military Rd E Tacoma, WA 98445	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Security National Insurance Company		19879
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NA117480800	11/17/2016	11/17/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Insured is a commercial electrician doing rewiring jobs for commercial remodels and renovations.

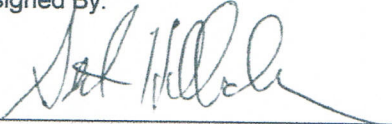
<b>CERTIFICATE HOLDER</b> Department of Labor and Industries Contractor Registration Section PO Box 44450 Olympia, WA 98504-4450	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Phyllis N Keller Lic #750350
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## BLANKET ADDITIONAL INSUREDS - OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Policy Number: NA117480800	Endorsement Effective: 11/17/2016 12:01 a.m.
Named Insured Reign Electric LLC, DBA: Reign Electric LLC	Countersigned By: 

### SCHEDULE

<b>Name of Person or Organization:</b> Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy.
Location:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only to the extent that the person or organization shown in the Schedule is held liable for your acts or omissions arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:**
- 2. Exclusions**
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
  - (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C.** The words "you" and "your" refer to the Named Insured shown in the Declarations.
- D.** "Your work" means work or operations performed by you or on your behalf; and materials, parts or equipment furnished in connection with such work or operations.

#### Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

#### Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.



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<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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 Phyllis N Keller Lic #760350

# Your Contractors License Bond Verification Card

Contractors License Bond Verification Card

Contractors License Bond Verification Card

Reign Electric LLC

LICENSE NUMBER: REIGNEL878RZ  
BOND NUMBER: 46-WB081481      EXP: 11/17/2017  
SURETY COMPANY: WESCO INSURANCE COMPANY

This card is not proof of current bond status. For current status of bond and license shown, please contact the licensing board.

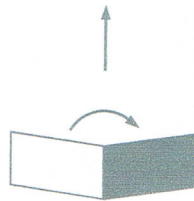
Washington State Department of Labor & Industries  
fortress.wa.gov/lni/bbip or 800.647.0982

Questions?  
Please contact your agent.

Michael Luu Ins Agency Inc  
206-529-4154  
331 Andover Park E., Ste 360  
Tukwila      WA 98188

## Instructions:

1. **Print** this page.
2. **Cut** along the dashed line.
3. **Fold** your card in half.
4. **Laminate**.



## Additional Cards for Your Convenience

Contractors License Bond Verification Card

Contractors License Bond Verification Card

Reign Electric LLC

LICENSE NUMBER: REIGNEL878RZ  
BOND NUMBER: 46-WB081481      EXP: 11/17/2017  
SURETY COMPANY: WESCO INSURANCE COMPANY

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Washington State Department of Labor & Industries  
fortress.wa.gov/lni/bbip or 800.647.0982

Questions?  
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Michael Luu Ins Agency Inc  
206-529-4154  
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Contractors License Bond Verification Card

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Michael Luu Ins Agency Inc  
206-529-4154  
331 Andover Park E., Ste 360  
Tukwila      WA 98188



Wesco Insurance Company  
An AmTrust Financial Company

IN WITNESS WHEREOF, WESCO INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 31<sup>st</sup> day of January, 2014.



BY: Harry Schlachter  
Harry Schlachter, Treasurer

Attest: Stephen B. Ungar  
Stephen B. Ungar, Secretary

State of: New York  
County of: New York

On this 31<sup>st</sup> day of January, 2014, before me personally came Harry Schlachter, to me known, who, being duly sworn, did depose and say: that he is Treasurer of the Company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to the aforesaid instrument is such corporate seal and was affixed thereto by order and authority of the Board of Directors of said Company; and that he executed the said instrument by like order and authority.

JACLYN SANTANGELO *(Carmia)*  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01SA6202113  
Qualified in Kings County  
My Commission Expires March 09, 2017  
STATE OF NEW YORK

John Formica  
NOTARY PUBLIC

I, Stephen B. Ungar, Secretary of WESCO INSURANCE COMPANY, a corporation of the State of Delaware, do hereby certify that the above and foregoing is a full, true and correct copy of the Power of Attorney issued by said Company, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company, at New York, New York, this 31<sup>st</sup> day of January, 2014.

Stephen B. Ungar  
SECRETARY



Wesco Insurance Company  
An AmTrust Financial Company

**WESCO INSURANCE COMPANY  
LIMITED POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That **WESCO INSURANCE COMPANY**, a corporation organized and existing by virtue of the laws of the State of Delaware ("Company"), does hereby nominate, constitute and appoint, **MITZI THOMAS-STONE** its true and lawful Attorney-in-Fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds, undertakings, recognizances and written obligations in the nature thereof, the penal sum of no one of which is in any event to exceed \$500,000.

Such bonds and undertakings, when duly executed by the aforesaid Attorney-in-Fact shall be binding upon the said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company on the 29<sup>th</sup> day of February, 2012:

**RESOLVED**, that the President, Secretary, Treasurer, Assistant Vice President, or Assistant Treasurer (each, a "Authorized Officer"), or any person designated by any one of them, is hereby authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company, bonds, undertakings and all contracts of suretyship, and that any Secretary or any Assistant Secretary of the Company be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach thereto the seal of the Company;

**FURTHER RESOLVED**, that the signature of an Authorized Officer and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking or contract of suretyship to which it is attached; and

**FURTHER RESOLVED**, that the signature of an Authorized Officer, or any person designated by any one of them, and the seal of this Company, may be affixed or printed on any and all bonds, undertakings, recognizances or other written obligations thereof, on any revocation of any Power of Attorney, or on any certificate relating thereto, by facsimile, and any Power of Attorney, any revocation of any Power of Attorney, bonds, undertakings, recognizances or other written obligation, bearing such facsimile signature or facsimile seal shall be valid and binding on the Company.



# Electrical/Telecommunications Contractor's Bond to The State of Washington

(This form must be typed)

UBI Master License Number 603340917	Electrical Contractor Number REIGNEL878RZ	Bond Number 46-WB081481
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## Firm Information

Corp       LLC       LLP       Partnership       Sole Proprietorship

Other Corporate Registered Trade Name under the UBI # at the Secretary of State
Other Sole Proprietor or Partnership Registered "Doing Business as (DBA) Names

Firm Name (as shown on UBI Master Business License) Reign Electric LLC			
Address 421 MILITARY RD. E.			
City TACOMA	State WA	Zip Code 98445	Phone Number (206)794-9795

## Bonding Agent Information

Name of Bonding Company Wesco Insurance Company		
Contact Name Barry Moses	Phone Number 216.328.6216	
Address 59 Maiden Lane		
City New York	State NY	Zip Code 10038

The bonding company organized and existing under the laws of the state of Delaware, and authorized to transact business in the state of Washington under the provision of chapter 19.28 RCW, as surety, are held and firmly bound to a bond in the amount of \$4,000.00, to be paid to the state of Washington. The conditions the principal, bonding company, and the state of Washington agree to by taking out this bond are as follows:

(1) As a precondition to receiving an electrical/telecommunications contractor's license under chapter 19.28 RCW et seq., the license holder must keep this bond in full force and effect. If any cancellation, revocation, or withdrawal by the surety/bonding company occurs, the department will suspend the license until such time as a new bond for \$4,000.00 is provided to the state of Washington.

(2) The license holder will pay for all labor, including employee benefits, and material furnished or used upon the work; taxes and contributions to the state of Washington, and all, damages that may be sustained by any person, firm, corporation, or other entity due to a failure of the principal to make the installation or maintenance in accordance with this chapter or any applicable ordinance, building code, or regulation of a city or town adopted pursuant to RCW 19.28.010(3).

(3) Should the bond become owing due to failure to comply with section (2) above, the principal's electrical /telecommunications contractor's license is suspended until such time as a new bond is furnished by the license holder.

(4) The bond shall become effective November 17, 20 16, and is intended to cover any subsequent periods for which the Electrical Section may issue a license to the principal under the provisions of chapter 19.28 RCW, or any amendments thereof. This bond is to be construed as a continuing obligation until canceled by the surety.

(5) Upon request, the department will furnish any person, firm, partnership, corporation, or other entity a certified copy of the bond upon payment of a fee set by the department by rule.

(6) Any person, firm or corporation sustaining any damage or injury by reason of the license holder's breach of the conditions mentioned in section (2) above may bring an action against the surety and the contractor. The action shall be brought: (a) in the superior court of any county in which the principal on the bond or assignor of the account resides or transacts business; or (b) in the county in which the work was performed which allegedly caused the breach of the conditions mentioned in (2) above. The action shall be maintained and prosecuted as other civil actions.

(7) Claims or actions against the surety on the bond shall be paid in full in the following order of priority: (1) labor, including employee benefits; (2) materials and equipment used upon such work; (3) taxes and contributions due to the state; (4) damages sustained by any person, firm, or corporation due to the failure of the principal to make the installation in accordance with the provisions of chapter 19.28 RCW, or any ordinance, building code, or regulation applicable thereto.

(8) The total liability of the surety on any bond shall not exceed the sum of \$4,000.00 and the surety on the bond shall not be liable for monetary penalties. Any action shall be brought within one year from the completion of the work in which the performance of which the breach is alleged to have occurred. The surety shall mail a conformed copy of the judgment against the bond to the department within seven days of the judgment.

(9) The surety must give **45 days'** written notice to the license holder and to the Department of Labor and Industries Electrical Section prior to cancellation of the bond.

**Note: The department will only accept an original bond document, no copies or faxes.**

References: Chapter 19.28 RCW

Date 17 of November, 20 16

Effective Date of Bond: 11/17/2016

Bonding Company Wesco Insurance Company		
Attorney-in-Fact for Bonding Company Signature (required) <i>Mitzi Thomas - Stone</i>		
Agents Name Mitzi Thomas-Stone		
Address 6610 Sierra College Blvd.		
City Rocklin	State CA	Zip Code 95677





**Thank you for your payment.**

Please print a copy of this page for your records.

#### **PAYMENT INFORMATION**

**Authorization Code:**

**Policy or Quote #:** QCBA3667151

**Insured's Name:** Reign Electric LLC

**DBA Name:** Reign Electric LLC

**Amount:** \$110.00

**Processing Fee:** \$3.03

**TOTAL:** \$113.03

**\*\* I agree to these charges, as shown above, including the processing fee.**

**Comments:**

#### **CREDIT CARD INFORMATION**

**Card Type:** MasterCard

**Card Number ending in:** -2596

**Expiration Date:** 5 / 2018

**Name On Card:** Anthony Jones

**Address:** 421 MILITARY RD. E.

**City:** TACOMA

**State:** WA

**Zip:** 98445