



Nationwide®

NATIONWIDE MUTUAL INSURANCE COMPANY

ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215-2220
1-877 On Your Side
1 (877) 669-6877

NEW BUSINESS

COMMERCIAL UMBRELLA COMMON DECLARATIONS

Policy Number: ACP CU013100173646
Named Insured: TDF INVESTMENTS LLC
See Schedule of Named Insureds
Mailing Address: PO BOX 2505
STANWOOD, WA 98292-2505
Agency: INS SERV GROUP INC - SEQUIM
Address: PO BOX 2077
SEQUIM, WA 98382-4335
Agency Phone: (360) 683-3355
Producer: TREVOR CAMPBELL
Policy Period: Effective From 08-01-2024 To 08-01-2025
12:01 AM Standard Time at the
insured's mailing address.
The Insured is a(n): Limited Liability Company



Premium/Fees

Total Annual Premium	\$500.00
Total Policy Premium	\$500.00

Umbrella Limits

Self-Insured Retention	Not Applicable	
Limits of Insurance:	a) \$1,000,000	Each Occurrence
	b) \$1,000,000	Products - Completed Operations Aggregate
	c) \$1,000,000	Other Aggregate

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INSURED COPY

WA 26536



COMMERCIAL UMBRELLA

SCHEDULE(S)

Policy Number: ACP CU013100173646

Policy Period: From 08-01-2024 To 08-01-2025

Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits):

Businessowners

Policy Number: ACP BP013130173646

Policy Period: From 08-01-2024 To 08-01-2025

Company: NATIONWIDE ASSURANCE COMPANY

Limits of Insurance		Limit
Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
Personal and Advertising Injury	Per Person Or Organization	\$1,000,000
Products - Completed Operations Aggregate	All Occurrences	\$2,000,000
General Aggregate (Other than Products - Completed Operations)	All Occurrences	\$2,000,000

Coverages		Limit
Funeral Home Professional Liability	Per Occurrence	\$1,000,000
	Aggregate	\$3,000,000

Coverages		Limit
Stop Gap Liability		
Bodily Injury by Accident	Each Accident	\$1,000,000
Bodily Injury by Disease	Each Employee	\$1,000,000
Bodily Injury by Disease	Policy Limit	\$1,000,000

Important Notice: Restrictions, limitations and exclusions to the above scheduled underlying insurance (or any replacements thereof) will act as restrictions, limitations and exclusions to coverage A of this policy.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its Secretary and President

Secretary

President

