



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2020

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 have ADDITIONAL INSURED provisions or 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 Riebling Insurance Agency, LLC 100 Fire Island Avenue Babylon NY 11702		CONTACT NAME: Denise Finn PHONE (A/C, No, Ext): (516) 280-6760 E-MAIL ADDRESS: dfinn@riallc.net FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Underwriter at Lloyd's of London	NAIC # 15792
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Rainier Title, LLC 12721 NE Bel-Red Road Suite 2 Bellevue WA 98005			

COVERAGES

CERTIFICATE NUMBER: CL20112414212

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions			SUAFFEO1845-2003	12/01/2020	12/01/2021	Each Claim \$1,000,000 Aggregate \$1,000,000 Deductible \$50,000

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

Fidelity Bond SUAFESB10714-2003 Eff. 12/1/2020 to 12/1/2021 Aggregate \$1,000,000 Deductible \$10,000

Cyber Liability SUA1180CYB-A-2002 Eff. 12/1/2020 to 12/1/2021 Aggregate \$1,000,000 Deductible \$10,000

The following locations are covered under the above referenced policy:

APPROVED

By Snohomish County Risk Mngt (S.Barker) at 2:24 pm, Jun 03, 2021

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Riebling Insurance Agency, LLC		NAMED INSURED Rainier Title, LLC	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

The following locations are covered under the above referenced policy:

- 301 116th Avenue S.E., Ste. 103 Bellevue, WA 98004
- 12721 Bel-Red Road, Ste. 2, Bellevue, WA 98005
- 2722 Colby Avenue, Ste 125, Everett, WA 98201
- 5775 Soundview Drive A-201, Gig Harbor, WA 98335
- 20435 72nd Avenue S., Bldg. 3, Ste. 155, Kent, WA 98032
- 310 29th Street N.E., Suite 102, Puyallup, WA 98372
- 1501 4th Avenue, Ste 300, Seattle, WA 98101
- 3560 Bridgeport Way W., Ste 2F, University Place, WA 98466
- 19515 North Creek Parkway #310, Bothell, WA 98011

Limited Practice Officers:

- 775 Linda S. Richards
- 961 Wendy A. Eklund
- 3078 Kelly L. Stevens
- 3103 Linda D. Maltos
- 3167 Erika K. Rood
- 9905 Donna J. Gradin
- 10927 Michelle A. Keck
- 11020 Jennifer Nicole Gradin
- 9936 Michelle Eacrett
- 10114 Michelle Johnson

- 9422 Tamra Rance
- 11101 Serin Compton
- 2514 Jennie M. Graddon
- 11171 Amanda Costello
- 11191 Courtney Sessions
- 11196 Janae Cutshall

- 11193 Michelle Moore
- 11189 Shannon Flugstad

10541 Chris Lovgreen

Katie Ingham