

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/7/2021

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement. A	statement on	
PRODUCER Lockton Companies							CONTACT NAME:				
		444 W. 47th Street, Suite 900				PHONE (A/C, No, Ext):			FAX (A/C, No):		
		Kansas City MO 64112-1906				E-MAIL ADDRESS:			(Alo, Noj.		
(816) 960-9000						INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A: Travelers Property C				25674		
INSURED FACTENIAL COMPANY								s Froperty Ca	isualty Co of America	23074	
1402545 FASTENAL COMPANY						INSURER B:					
		AND WHOLLY OWNED SUB PO BOX 978	SIDL	ARIE	S	INSURE					
WINONA MN 55987						INSURE	R D :				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				INSURER E :					
_					1006500	INSURER F:					
				NUMBER: 1806599	9()				XXXXXXX		
IN C	IDICA ERTI XCLU	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT T	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE		DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY	Y	N	TC2J-GLSA-8B355607-TI	L-22	1/1/2022	1/1/2023		,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	,000,000	
									MED EXP (Any one person) \$ 5	,000	
									PERSONAL & ADV INJURY \$ 1	,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2	,000,000	
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG \$ 2	,000,000	
		OTHER:							\$		
	AUT	AUTOMOBILE LIABILITY			NOT APPLICABLE				COMBINED SINGLE LIMIT (Ea accident) \$ >	XXXXXX	
		ANY AUTO							BODILY INJURY (Per person) \$ >	XXXXXX	
		OWNED SCHEDULED AUTOS								XXXXXX	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$ >	XXXXXX	
									\$ X	XXXXXX	
		UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE \$ >	XXXXXX	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$ }	XXXXXX	
	DED RETENTION\$									XXXXXX	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N	UB-8S077616-22-51-K	1	1/1/2022	1/1/2023	X PER OTH-ER		
	ANY	NY PROPRIETOR/PARTNER/EXECUTIVE								,000,000	
	(Mar	ICER/MEMBER EXCLUDED? Indatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$ 1	,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1	,000,000	
RE:	AGR	ion of operations / Locations / vehici EEMENT MC01-21. SNOHOMISH C ON A PRIMARY, NON-CONTRIBUTO	OUN'	ΓY IS	AN ADDITIONAL INSURE	D WITI	H RESPECT T	O THE GENE		DENCED	
							CANCELLATION See Attachment				
18065990 SNOHOMISH COUNTY 3000 ROCKEFELLER AVE EVERETT WA 98201							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				

POLICY NUMBER: TC2J-GLSA-8B355607-TIL-22 ISSUE DATE: 01-14-21

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION

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

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

Any person or organization that you agreed in a written contract or agreement to include as an additional insured on this Coverage Part, provided that such written contract or agreement was signed by you before, and is in effect when, the "bodily injury" or "property damage" occurs or the "personal and advertising injury" offense is committed and only for the minimum limits of insurance agreed to in such written contract or agreement, or the limits of insurance of this policy, whichever is less.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operat ions; or
- B. In connection with your premises owned by or rented to you.