



# Cover Sheet

ALPS Corporation

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To:	<b>COPY SENT TO: TRJ Defense PLLC</b>
Attn:	<b>Tim Ray Johnson</b>
Re:	<b>Certificate of Insurance</b>
Date:	<b>10/23/2023</b>
Pages:	<b>2</b>

Dear Tim Ray Johnson :

This is a Certificate of Insurance for TRJ Defense PLLC.

Thank you,

ALPS Corporation  
111 North Higgins Ave, Suite 600  
P.O. Box 9169  
Missoula, Montana 59807  
Phone: (800) 367-2577  
Fax: (406) 728-7416



P.O. Box 9169, Missoula, MT 59807-9169  
 (406) 728-3113 \* (800) 367-2577 \* Fax: (406) 728-7416

<b>Certificate of Professional Liability Insurance</b>	Date: 10/23/2023
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This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed below.

<b>Named Insured:</b> TRJ Defense PLLC 600 First Avenue #624 Seattle, WA 98104	<b>Certificate Holder:</b> TRJ Defense PLLC Attn: Tim Ray Johnson MS: 600 First Avenue #624 Seattle, WA 98104
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If the described policy is cancelled before its expiration date ALPS will endeavor to mail ten days written notice to the certificate holder named above, but failure to do so shall impose no obligation or liability of any kind upon ALPS, its agents or representatives coverages.

The policy of insurance listed below has 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.

Type of Insurance:	Policy Number	Effective Date	Expiration Date	Loss Inclusion Date	Limit of Liability
Lawyers Professional Liability Claims Made	ALPS29665- 1	05/01/2023	05/01/2024	05/01/2022	Each Claim: 1000000 Aggregate: 1000000

Deductible:  
Each Claim 5000

The deductible shall be subtracted from the claim expense allowance and then the total limit of liability resulting from each claim reported to the company during the policy period, subject to an annual aggregate deductible equal to twice the deductible amount listed in the declarations.

**ENDORSEMENTS LISTED ON THE DECLARATION AT INCEPTION:**  
 First Dollar Defense Endorsement

**Law office located:**  
 600 First Avenue #624  
 Seattle, WA 98104



P.O. Box 9169, Missoula, MT 59807-9169  
 (406) 728-3113 \* (800) 367-2577 \* Fax: (406) 728-7416  
 www.alpsinsurance.com

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Authorized representative  
 ALPS PROPERTY & CASUALTY INSURANCE COMPANY