

DATE (MM/DD/YYYY) 05/00/0040

								05	/28/2019		
	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.										
	MPORTANT: If the certificate holder i	s an /	ADDI	TIONAL INSURED, the po							
	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							uire an endorsement. A state	ment on		
	DUCER	o the	cent	ficate holder in fieu of Su	CONTA		•				
	DML Insurance Services				NAME: PHONE (206)838-9077 FAX (A/C, No. Ext): (206)838-9076						
	4005 20th Ave W Ste 132				A/C, No	00 0010					
	Seattle			WA 98199-	ADDRE	NAIC #					
					INSURF		sualty Ins Co	RDING COVERAGE	24074		
INS	JRED					R в :Ohio Seo			24082		
	3R Technology, LLC				INSURE						
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
			-	ENUMBER:				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.										
INSF LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В		X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000 2,000,000		
	POLICY PRO- JECT LOC							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	2,000,000		
В		x		D 4 0 5 0 7 0 0 0 4 4		00/44/0040	00/14/0000	COMBINED SINGLE LIMIT	1,000,000		
Р		^		BAS56732344		06/11/2019	06/11/2020	Ea accident)	1,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							_(Per accident) \$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000	D						\$			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
Ma	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Martin Smith, Inc.,TSB LLC, their owner, owner's employees and the owners representatives are listed as additional insured with respect to contract or agreement on file with the insured regarding event on April 16, 2013.										
	RTIFICATE HOLDER				CANO	ELLATION			AI 183		
									/1100		
	MSI 1943 1st Ave LLC c/o Martin Smith, Inc. 1932 1st Ave Ste 1000			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Seattle WA 98101-								En Mich.			

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C E	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	URA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED	ЗҮ ТН	E POLICIES		
II If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	s an <i>l</i> to the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the p	policy, certain poli	cies may requ					
	his certificate does not confer rights t	o the	certi	ficate holder in lieu of su	ch endorsement(s						
PRC	DUCER DML Insurance Services				NAME:	838-9077	FAX /	000\00	0.0070		
	4005 20th Ave W Ste 132					38-9076					
	Seattle			WA 98199-	ADDRESS:						
					INSURER A :Ohio Ca				NAIC # 24074		
INSU	IRED				INSURER B :Ohio Se				24082		
	3R Technology, LLC				INSURER C :						
	5511 1st Ave S				INSURER D :						
	Seattle			WA 98108-	INSURER E :						
					INSURER F :						
СО	VERAGES CEF	TIFI	CATE	E 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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
							MED EXP (Any one person)	\$	10,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
В	AUTOMOBILE LIABILITY	X		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
^	×							\$	1 000 000		
A	X UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$	1,000,000		
В	DED A RETENTION \$ 10,000			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	\$			
-	AND EMPLOYERS' LIABILITY			WA Stop Gap	00/11/2019	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	*	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000		
								Ψ			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC) 101. Additional Remarks Schodul	e, may be attached if mo	re space is require	ed)				
Pro	of of insurance for Hired Auto Liability a	nd Pł	nysica	al Damage. \$500 comprehe	ensive and \$500 co	llision deductil	ble.				
Rol	ow certificate holder is an additional ins	ured :	and lo	oss navee with respect to w	ork being performe	d hy the name	ad insured				
001					ion being perionne	a by the name					
CE	RTIFICATE HOLDER				CANCELLATION				AI 582		
	Penske Truck Leasing Co. L 3443 1st Ave S	D		W/A 00404	THE EXPIRATION	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.				
	Seattle			WA 98134-	AUTHORIZED REPRES	ENTATIVE	2 m-	1			
	Ben Mish										

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DATE (MM/DD/YYYY) 05/28/2019

							-	05/	28/2019		
C B	ERTIFIC	TIFICATE IS ISSUED AS A M ATE DOES NOT AFFIRMAT THIS CERTIFICATE OF INSI	IVELY URANC	OR NEGATIVELY AMEND	, EXTEND OR AL	FER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES		
IN If	IPORTAN SUBROG	NTATIVE OR PRODUCER, AN IT: If the certificate holder is GATION IS WAIVED, subject t	an AD o the te	DITIONAL INSURED, the po erms and conditions of the p	policy, certain polic	cies may requ					
<u> </u>		cate does not confer rights to	the ce	ertificate holder in lieu of su	CONTACT	•					
	DUCER	DML Insurance Services			NAME:	000 0077	FAX (c		0.0070		
		4005 20th Ave W Ste 132			(A/C, No, Ext): (200)030-9077 (A/C, No):(200)03						
		Seattle		WA 98199-	È-MAIL ADDRESS:						
							RDING COVERAGE		NAIC #		
					INSURER A :Ohio Ca				24074		
INSU	IRED				INSURER B :Ohio See	curity Ins Co			24082		
		3R Technology, LLC			INSURER C :						
		5511 1st Ave S			INSURER D :						
		Seattle		WA 98108-	INSURER E :						
					INSURER F :						
	VERAGE			TE NUMBER:			REVISION NUMBER:				
IN C E	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 SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;			
В	Х сом	MERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020		\$	1,000,000		
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
							MED EXP (Any one person)	\$	10,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AG	GREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	POLI	CY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000		
	ОТНЕ							\$			
В	AUTOMOE			BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY	AUTO					, ,	\$			
	OWN	ED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	HIRE						PROPERTY DAMAGE (Per accident)	\$			
							· · · ·	\$			
А	Х имв	RELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCE	CLAIMS-MADE					AGGREGATE	\$	1,000,000		
	DED	X RETENTION \$ 10,000						\$			
В	WORKERS	COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
		OYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE		WA Stop Gap				\$	1,000,000		
	OFFICER/M (Mandatory	IEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, desc						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION O	F OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)				
	ations:										
		Ave N, Seattle, WA 98103 a Drive NE, Kenmore, WA 980	28								
	o-i oddinia		20								
									AI 621		
					CANCELLATION						
							ESCRIBED POLICIES BE CA				
		King County Solid Waste Divi	sion					e del	IVERED IN		
		201 South Jackson St , Room			ACCORDANCE W						
		Seattle		WA 98104-	AUTHORIZED REPRESENTATIVE						
						A	K Mint				
		Ben Mich									

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c	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										
R	REPRESENTATIVE OR PRODUCER, AN MPORTANT: If the certificate holder is	D THE an AD	CERTIFICATE HOLDER.	licy(ies) must have		L INSURED provisions or	be endorsed.				
	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to					uire an endorsement. A st	atement on				
	DDUCER			CONTACT NAME:	•						
	DML Insurance Services			PHONE (206)	838-9077	FAX	06)838-9076				
	4005 20th Ave W Ste 132			(A/C, No, Ext): (200) E-MAIL ADDRESS:		(A/C, NO).					
	Seattle		WA 98199-		NAIC #						
				INSURER A Ohio Cas			24074				
INSU	URED			INSURER B Ohio Sec			24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
				INSURER F :							
со	OVERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:					
	THIS IS TO CERTIFY THAT THE POLICIES O										
C E	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTAI	N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE I	ED BY THE POLICIE BEEN REDUCED BY F	ES DESCRIBE PAID CLAIMS.						
INSR LTR		ADDL SU INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
						MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$					
В	AUTOMOBILE LIABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000				
	X ANY AUTO					BODILY INJURY (Per person) \$					
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$,				
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$					
						\$					
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000					\$					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
		N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
719		al Esta	te GmbH, Metzler Realty Adv	isors Inc. & CBRE, I	Inc are include		n respect to the				
pre	719 Second Ave LLC, Union Investment Real Estate GmbH, Metzler Realty Advisors Inc. & CBRE, Inc are included as additional insured with respect to the premises located at, 719 Second Ave, Seattle, WA 98104 in the building commonly known as Millennium Tower.										
CF	RTIFICATE HOLDER			CANCELLATION			AI 785				
	719 Second Ave, LLC c/o Metzler Realty Advisors 700 5th Ave Ste 6175		WA 08101 5071	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Seattle		WA 98101-5071	5071 AUTHORIZED REPRESENTATIVE Ben Mish.							

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C B	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.										
IN If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	s an A to the	ADDI e tern	TIONAL INSURED, the pons and conditions of the	policy,	, certain polic	cies may requ				
	his certificate does not confer rights to	o the	certi	ficate holder in lieu of su	Ch end						
PRO	DUCER DML Insurance Services				NAME: PHONE			EAY			
	4005 20th Ave W Ste 132				(A/C. No		838-9077	FAX (A/C, No):(20)	3)838-9	076	
	Seattle			WA 98199-	È-MÁIL ADDRES	SS:					
								NDING COVERAGE		NAIC #	
					INSURE	RA:Ohio Cas	sualty Ins Co		240)74	
INSU	IRED				INSURE	<mark>кв</mark> :Ohio Seo	curity Ins Co		240)82	
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE						
	Seattle	WA 98108-	INSURE								
					INSURE						
co	VERAGES CER	TIFIC		NUMBER:	INSORE	<u>NF.</u>		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										מכ	
IN C	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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344	(• •	06/11/2020	EACH OCCURRENCE \$	1,0	000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1.0	000,000	
								MED EXP (Any one person) \$		10,000	
								PERSONAL & ADV INJURY \$		000,000	
										00,000	
										000,000	
								PRODUCTS - COMP/OP AGG \$	2,0	00,000	
В	AUTOMOBILE LIABILITY			BAS56732344	(06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$	1,0	000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$			
								(i ci dobidoni) \$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,0	000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,0	000,000	
	DED X RETENTION \$ 10,000							s s			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	Y PER OTH-			
[_	AND EMPLOYERS' LIABILITY Y / N					50/11/2013	00/11/2020		1 0	000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$		00,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,0	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)			
CE	RTIFICATE HOLDER				CANC					AI 982	
						ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANO	ELLED	BEFORE	
	Manson Construction Co.							EREOF, NOTICE WILL BE	DELIVE	ERED IN	
	5209 E Marginal Way S					ORDANCE W	ITH THE POLIC	Y PROVISIONS.			
	Seattle			WA 98134-	AUTHORIZED REPRESENTATIVE						
	Ocallic					KIZED REPRESE	NIAIIVE	2 m-1			
					Ben Mish						

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						_		(05/28/2019		
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	TIVEL SURA	Y ONCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR ALT	FER THE CO	VERAGE AFFORDED BY 1	THE POLICIES		
lf	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	to the	e tern	ns and conditions of the	policy,	certain polic	ies may requ				
	is certificate does not confer rights t	o the	certi	ficate holder in lieu of su	CONTA		•				
PRU	DML Insurance Services				NAME: PHONE		020 0077	FAX (200	0076		
	4005 20th Ave W Ste 132				PHONE [A/C, No, Ext]: (206)838-9077 [A/C, No):(206)838-5						
	Seattle			WA 98199-	ADDRE						
								RDING COVERAGE	NAIC #		
INSU	252					_{R A :} Onio Cas _{R B :} Ohio Sec	sualty Ins Co		-		
INSU	3R Technology, LLC								24082		
	5511 1st Ave S				INSURE						
	Seattle			WA 98108-	INSURE						
					INSURE						
00	VERAGES CEF			NUMBER:	INSURE	RF:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FO									PERIOD		
IN C	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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							\$			
В				BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$			
								\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000		
В	DED X RETENTION \$ 10,000	/						X PER OTH-			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020		1 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A		101. Additional Remarks Schedul	le. mav be	attached if mor	e space is require	ed)			
CE	RTIFICATE HOLDER				CAN	ELLATION			AI 1467		
	City of Seatac 4800 S 188th St			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Seatac			WA 98188-	AUTHORIZED REPRESENTATIVE D GVn-1						
							L	En Mich.			

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DATE (MM/DD/YYYY)

								_	05/	28/2019	
C E	ERTIFIC	ATE DOES NOT THIS CERTIFICA	AFFIRMAT	IVEL) JRAN	ER OF INFORMATION ONLY Y OR NEGATIVELY AMEND ICE DOES NOT CONSTITUT E CERTIFICATE HOLDER.	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES	
II If	MPORTA	NT: If the certifica GATION IS WAIVE	ate holder is D, subject t	an Al o the f	DDITIONAL INSURED, the po terms and conditions of the p certificate holder in lieu of suc	olicy, certain polic	ies may requ				
	DUCER	DML Insurance S				CONTACT NAME: PHONE (206)	838-9077	FAX (A/C, No):(2	28/909	38-9076	
		4005 20th Ave W Seattle	Ste 132		WA 98199-	(A/C, No, Ext): (200) E-MAIL ADDRESS:	000 0011	(A/C, No):*	.00)00	0 3070	
		ooullo				INSURER A :Ohio Cas		NAIC # 24074			
INSU	JRED					INSURER A :Officio Cas				24074	
		3R Technology, L	LC			INSURER C :	-				
		5511 1st Ave S			W/A 00400	INSURER D :					
		Seattle			WA 98108-	INSURER E :					
	VERAGE		CER	TIFIC		INSURER F :		REVISION NUMBER:			
T II C E	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.										
LTR											
В	X CON	V	OCCUR	X	BLS56732344	06/11/2019	06/11/2020	DAMAGE TO RENTED	\$ \$	1,000,000	
			OCCOR						<u> </u>	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AG		ES PER:					GENERAL AGGREGATE	\$	2,000,000	
	POL OTH		LOC						\$ \$	2,000,000	
в				x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		AUTO							\$		
		OS ONLY AUT	HEDULED TOS						\$		
	AUT		N-OWNED TOS ONLY					(Per accident)	\$ \$		
A	Х имв		OCCUR		USO56732344	06/11/2019	06/11/2020		\$ \$	1,000,000	
	EXC		CLAIMS-MADE			00, 11, 2010	00,11,2020		<u>\$</u>	1,000,000	
	DED	V	10,000						\$		
В		COMPENSATION	Y/N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		RIETOR/PARTNER/EXEG		N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandator	y in NH)						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPT	ION OF OPERATIONS b	below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Col owr	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Columbia Center Property LLC, Beacon Capital Strategic Partners IV, L.P., BCSP IV Property Management LLC, CAC Real Estate Management Co., Inc, the owners and the Agents and their officers, officials, employees, agents and volunteers are named as additional insureds with waiver of subroagtion (form cg d4 7 01 12) with respect to contract on file with the insured. 30 days notice of cancellation will be provided to the Certificate Holder.										
CE	<u>RTIFICA</u>	TE HOLDER				CANCELLATION				AI 1538	
		Columbia Center c/o CBRE, Inc., A 701 5th Ave, Ste Seattle	TTN: Christo		McHam WA 98104-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					



DATE (MM/DD/YYYY) 05/00/0040

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								05/	28/2019		
C B	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.										
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t is certificate does not confer rights to	o the	tern	ns and conditions of the	policy, certain polic	ies may requ					
					CONTACT	•					
FRUI	DML Insurance Services				NAME: PHONE (206)		FAX				
	4005 20th Ave W Ste 132				(A/C, No, Ext): (200)	838-9077	FAX (A/C, No):(206)83	38-9076		
	Seattle			WA 98199-	E-MAIL ADDRESS:						
	ocallie			W/ 00100	IN	SURER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURER A :Ohio Cas				24074		
INSU	RED				INSURER B :Ohio Sec				24082		
	3R Technology, LLC								21002		
	07				INSURER C :						
	5511 1st Ave S			W/A 00400	INSURER D :						
	Seattle		WA 98108-								
					INSURER F :						
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:				
IN CI	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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
B	X COMMERCIAL GENERAL LIABILITY	X	WVD	BLS56732344		06/11/2020	EACH OCCURRENCE	\$	1,000,000		
-	CLAIMS-MADE X OCCUR			DL030732344	00/11/2019	00/11/2020	DAMAGE TO RENTED	\$ \$	1,000,000		
							PREMISES (Ea occurrence) MED EXP (Any one person)	<u>э</u> \$	10,000		
	· ·						PERSONAL & ADV INJURY	<u>э</u> \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	<u>э</u> \$	2,000,000		
							PRODUCTS - COMP/OP AGG	<u>ې</u> \$	2,000,000		
							PRODUCTS - COWF/OF AGG	<u>э</u> \$			
В		x		DA 050700044	00/11/2010	00/44/2020	COMBINED SINGLE LIMIT	\$	1,000,000		
D		^		BAS56732344	06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000		
	OWNED SCHEDULED						BODILY INJURY (Per person)	-			
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
•								\$			
A	X UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	E8 /*	0000	101 Additional Demostra Colori	ula may be offershed if						
	Fourth & Madison	.ES (A	CORD	101, Additional Remarks Sched	ule, may be attached if mor	e space is require	a)				
	chers Insurance and Annuity Associatio				N LLC; Hines Interests	s Limited Part	nership are included as A	ddition	al Insured		
whe	n required by written contract or agreen	nent f	or G	eneral Liability							

CERTIFICATE HOLDER		CANCELLATION	AI 1616
Hines Interests Limited Partnership 925 Fourth Ave, Ste 400		SHOULD ANY OF THE ABOVE DESCRIBED THE EXPIRATION DATE THEREOF, I ACCORDANCE WITH THE POLICY PROVIS	NOTICE WILL BE DELIVERED IN
Seattle	WA 98104-	AUTHORIZED REPRESENTATIVE	Mich.

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Т	THIS CERTIFICATE IS ISSUED AS A M	ΙΑΤΤ	ER	OF INFORMATION ONL	Y AND	CONFERS	NO RIGHTS	UPON THE CERTIFICA		DLDER. THIS	
В	CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	JRAN	NCE	DOES NOT CONSTITUT							
	MPORTANT: If the certificate holder is				licy(ies	s) must have	ADDITIONA	L INSURED provisions o	r be e	ndorsed.	
	SUBROGATION IS WAIVED, subject to							uire an endorsement. A	staten	nent on	
	his certificate does not confer rights to	the o	certi	ficate holder in lieu of su	CONTA		•				
	DML Insurance Services				NAME: PHONE FAX (A/C, No, Ext): (206)838-9077 FAX					28.0076	
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	, cxij. (* /	030-9077	(A/C, No):\-	200)0	50-9070	
	Seattle			WA 98199-	ADDRE					NAIO #	
							sualty Ins Co			NAIC # 24074	
INSU	JRED					R B Ohio Sec				24082	
	3R Technology, LLC				INSURE		,				
	5511 1st Ave S				INSURE						
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
		-		NUMBER:				REVISION NUMBER:			
IN C	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		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LTR B	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		` '	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
в	AUTOMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO					00,11,2010	00, 1, 2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000	
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION X RETENTION \$ 10,000					/ /		Y PER OTH-	\$		
P	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	A STATUTE ÉR		1,000,000	
		N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$.,	
DES Belo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Below certificate holder, including 1700 7th LP and Clise Agency, Inc., is an additional insured with respect to work being performed by the named insured.										
CF	RTIFICATE HOLDER				CANC	ELLATION				AI 1807	
	Clise, Inc. c/o Clise Properties Hammer Co & Clise Agency, I 1700 7th Ave, Ste 1800 Seattle	Inc.		WA 98101-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Seattle WA 98101- Den Illion										

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DATE (MM/DD/YYYY) 05/00/0040

							05/28/2019				
C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	VELY O	R NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES				
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an ADD	ITIONAL INSURED, the po ms and conditions of the	policy, certain polic	cies may requ						
	his certificate does not confer rights to	the cert	ificate holder in lieu of su	ch endorsement(s)							
PRO	DUCER DML Insurance Services			NAME:		FAX					
	4005 20th Ave W Ste 132			PHONE (206)838-9077 FAX (A/C, No, Ext): (206)838-9077							
	Seattle		WA 98199-	E-MAIL ADDRESS:							
				IN	SURER(S) AFFO	RDING COVERAGE	NAIC #				
				INSURER A :Ohio Ca	sualty Ins Co		24074				
INSU	JRED			INSURER B :Ohio Se	curity Ins Co		24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
co	VERAGES CERT	IFICAT	E NUMBER:	INSURER F :		REVISION NUMBER:					
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											
IN C	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				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019		EACH OCCURRENCE \$	1,000,000				
				00/11/2010	00/11/2020	DAMAGE TO RENTED	1,000,000				
						PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$	1,000,000				
							2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000				
	POLICY JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000				
в	AUTOMOBILE LIABILITY	x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
	X ANY AUTO					BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident) \$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$					
						\$					
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000					\$					
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
	DESCRIPTION OF OPERATIONS below										
Sab Inter	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Sabey Corporation, Sabey Properties, LLC, James Tower LLC, Jefferson Tower LLC, Riverfront Technical Park LLC, International Gateway West LLC, and International Gateway East LLC are listed as additional insured with respect to contract or agreement on file with the insured. Coverage is primary and non contributory.										
CEI	RTIFICATE HOLDER			CANCELLATION			AI 2101				
	Sabey Corporation Attn: Property Manager 12201 Tukwila Int'l Blvd Fl 4 Seattle		WA 98168-5121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

WA 98168-5121



DATE (MM/DD/YYYY) 05/28/2019

C E	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.										
II If	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to	an AD o the te	DITIONAL INSURED, the po erms and conditions of the p	oolicy, certain polic	cies may requ						
	his certificate does not confer rights to	the ce	rtificate holder in lieu of su	ch endorsement(s)							
PRC	DDUCER DML Insurance Services			NAME:		FAX (a c					
	4005 20th Ave W Ste 132			(206) (A/C, No, Ext):	6)838-9076						
	Seattle		WA 98199-	ADDRESS:							
						RDING COVERAGE	NAIC #				
				INSURER A :Ohio Cas			24074				
INSU				INSURER B :Ohio Sec	curity Ins Co		24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S Seattle		WA 98108-	INSURER D :							
	Sealle		WA 90100-	INSURER E :							
				INSURER F :							
		-	TE 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.										
LTR	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	1,000,000				
						MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000				
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000				
В	AUTOMOBILE LIABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000				
	X ANY AUTO			00, 1, 1/2010	00, 1, 2020	BODILY INJURY (Per person) \$					
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$					
						(i or assident) \$					
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000					\$					
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
Bel	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Below certificate holder, including 520 Pike Street, Inc; Tishman Speyer Properties, LP; Prime Plus Investments, Inc.; Prime Mezz, Inc.; and Tishman Speyer Properties Tenant Services, Inc.; is an additional insured with respect to work being performed by the named insured.										
	RTIFICATE HOLDER			CANCELLATION			AI 2132				
	520 Pike Street Inc C/O Tishman Speyer Properti 520 Pike Street #1210 Seattle	es	WA 98101-	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 Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

Т	HIS CERTIFICATE IS ISSUED AS A	MAT	TER		Y AND	CONFERS		UPON THE CERTIFICATE	HOLDER. THIS		
C B	ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	FIVEI SURA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED BY	THE POLICIES		
	IPORTANT: If the certificate holder i				olicy(ies	s) must have		L INSURED provisions or I	be endorsed.		
	SUBROGATION IS WAIVED, subject							uire an endorsement. A st	atement on		
	is certificate does not confer rights t	o the	cert	ficate holder in lieu of su	CONTA		•				
FRU	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX	6)838-9076		
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	<u>, ⊏xij. ` /</u>	000 0011	(A/C, No):\∠℃	0]:(200)000 0070		
	Seattle			WA 98199-	ADDRE		SURER(S) AFFOR		NAIC #		
					INSURE	24074					
INSU	RED					R в :Ohio Seo			24082		
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURER E :						
		-	- A T		INSURE	RF:					
				NCE LISTED BELOW HAVE				REVISION NUMBER:			
IN C	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			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	0 000 000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$	2,000,000		
	OTHER:							PRODUCTS - COMP/OP AGG \$	2,000,000		
В		X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
	X ANY AUTO			B/(000702011		00/11/2010	00/11/2020	BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
								\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE \$	1,000,000		
В	DED A RETENTION \$ 10,000	/		BLS56732344		06/11/2019	06/11/2020	X PER OTH-			
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2013	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT \$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
DES ATT	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC N:	LES (A	CORE	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
	na McInnis										
	ycling Programs Coordinator of Kirkland										
	5) 587-3814										
CE	RTIFICATE HOLDER				CAN	ELLATION			AI 25		
								ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE			
	City of Kirkland							CY PROVISIONS.			
	123 5th Ave Kirkland			WA 98033-							
	NINGHU .			VVA 30000-		RIZED REPRESE		En Mich			
								en Illon	2		

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DATE (MM/DD/YYYY) 05/28/2019

							0	5/28/2019				
(E	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.											
	MPORTANT: If the certificate holder is			olicy(ies	s) must have	ADDITIONA	L INSURED provisions or be	endorsed.				
ŀ	f SUBROGATION IS WAIVED, subject t his certificate does not confer rights to	o the teri	ms and conditions of the	policy,	certain polic	ies may requ						
	DUCER			CONTA		•						
	DML Insurance Services			NAME: PHONE	(206)	838-9077	FAX (A/C, No):(206)	838-9076				
	4005 20th Ave W Ste 132			A/C, No E-MAIL ADDRE	<u>, Exij. (</u> /	000 0011	(A/C, No):\200)	000 0070				
	Seattle		WA 98199-	ADDRE				NAIC #				
				INSUR		sualty Ins Co		24074				
INS	URED				ка. кв.Ohio Seo			24082				
	3R Technology, LLC			INSURE		,						
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURE								
				INSURER F :								
CC	VERAGES CER	TIFICAT	E 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.											
		ADDL SUB	र		POLICY EFF	POLICY EXP						
B	X COMMERCIAL GENERAL LIABILITY	INSD WVD	BLS56732344		<u>(MM/DD/YYYY)</u> 06/11/2019	(MM/DD/YYYY) 06/11/2020	LIMITS EACH OCCURRENCE \$	1,000,000				
[CLAIMS-MADE X OCCUR		BL330732344		00/11/2019	00/11/2020	DAMAGE TO RENTED	1,000,000				
							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000				
							PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:						\$					
в	AUTOMOBILE LIABILITY	X	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
	X ANY AUTO						BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE \$					
							\$					
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000				
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION						X PER OTH- STATUTE ER					
в	AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020		4 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
Wr	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (right Runstad & Company,Wright Runstad Associates Limited Partnership,TCAM Core Property Fund Operating LP and Teachers Insurance and Annuity ssociation of America are listed as Additional Insured with respect to contract or agreement on file with the insured.											
CE	RTIFICATE HOLDER			CAN	ELLATION			AI 2636				
	TCAM Core Property Fund O c/o Wright Runstad & Compa 2401 Elliott Ave, Suite 101			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle WA 98121- WA 98121-											

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DATE (MM/DD/YYYY) 05/28/2019

		•				••••		05	/28/2019			
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	MPORTANT: If the ce	ertificate holder is VAIVED, subject t	s an AD to the t	DDITIONAL INSURED, the pole terms and conditions of the p	olicy, certain polic	cies may requ						
	ODUCER	ot confer rights to	o the c	ertificate holder in lieu of suc	CONTACT	•						
PR		nce Services			NAME: PHONE (2000)	020 0077	FAX (206/0	38-9076			
	4005 20th A	Ave W Ste 132			(A/C, No, Ext): (206) E-MAIL	838-9077	(A/C, No):	206)8	38-9076			
	Seattle			WA 98199-	ADDRESS:							
							RDING COVERAGE		NAIC #			
					INSURER A :Ohio Ca				24074			
INS	SURED				INSURER B :Ohio See		24082					
	3R Technol	0,			INSURER C :							
	5511 1st Av Seattle	/e 5		WA 98108-	INSURER D :							
	Seallie			WA 90100-	INSURER E :							
					INSURER F :							
_			-	ATE 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.												
INS LTF	R TYPE OF INS	URANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В	X COMMERCIAL GENE		X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE	X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
							MED EXP (Any one person)	\$	10,000			
							PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT						GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO-	LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:							\$				
в	AUTOMOBILE LIABILITY		X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$				
								\$				
А	X UMBRELLA LIAB	OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$	1,000,000			
	DED X RETENT	_{ГІОN \$} 10,000						\$				
В	WORKERS COMPENSATIO			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNE		N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERA	TIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
Av oth pa	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) is Budget Group, Inc. and its subsidiaries, including Avis Budget Car Rental, LLC, Budget Rent A Car System, Inc., and Budget Truck Rental, LLC, and any per party or vehicle owner who may be held responsible for the operation, maintenance and use of rental vehicle are included as additional insured and loss yee. Coverage is extended to include all vehicles leased, rented or suppled as a subsittue or as an additiona vehicle to the Named Insured. Maximum value vehicle not to exceed \$50,000. Hired Physical Damage Deductibles: \$250 Comprehensive; \$500 Collision.											
C.F	ERTIFICATE HOLDER	2			CANCELLATION				AI 2975			
	Avis Budget Group, Inc. and its subsidiaries 4500 S 129th E Ave, Ste 100											

AUTHORIZED REPRESENTATIVE

OK 74169-0360

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PO Box 690360

Tulsa

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DATE (MM/DD/YYYY) 05/28/2019

						05	/28/2019				
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.											
	MPORTANT: If the certificate holder is			licy(ies) must have		L INSURED provisions or be e	ndorsed.				
lf	f SUBROGATION IS WAIVED, subject to	o the	terms and conditions of the	policy, certain polic	cies may requ						
	his certificate does not confer rights to	the o	certificate holder in lieu of su	ch endorsement(s)							
PRO	ODUCER DML Insurance Services			NAME:		FAX					
	4005 20th Ave W Ste 132			(A/C, NO, EXU. /	838-9077	FAX (A/C, No):(206)8	38-9076				
	Seattle		WA 98199-	E-MAIL ADDRESS:							
						RDING COVERAGE	NAIC #				
				INSURER A :Ohio Ca			24074				
INSU	URED			INSURER B :Ohio Se	curity Ins Co		24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
				INSURER F :							
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											
C	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		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019		EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
						MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000				
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:					\$					
в	AUTOMOBILE LIABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
	X ANY AUTO		2/1000/02014	00/11/2010	00/11/2020	BODILY INJURY (Per person) \$					
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$					
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE ¢					
	AUTOS ONLY AUTOS ONLY					(Per accident) \$					
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE			00/11/2010	00/11/2020	AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000					AGGREGATE \$.,				
в	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	Y PER OTH-					
[AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00/11/2019	00/11/2020		1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES //	CORD 101 Additional Remarks Schodul	le may be attached if mor	e snace is require	ed)					
TM	IT Queen Anne Square, Inc; Stockbridge	Capit	al Group, LLC; Legacy Partner	rs Commercial, Inc.	and its affiliate	es, subsidiaries, successors, dir					
em	ployees and agents are certificate holder	s, & a	additional insureds with respect	t to services provide	d at 200-220	West Mercer Street, Seattle, WA	A. 98119.				
							AL 0070				
CE	ERTIFICATE HOLDER			CANCELLATION			AI 3078				
	Stockbridge Capital Group, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TMT Queen Anne Square, Inc. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Legacy Partners Commercial,Inc ACCORDANCE WITH THE POLICY PROVISIONS.										

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C B	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.									
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t his certificate does not confer rights to	o the	e terr	ns and conditions of the p	oolicy,	certain polic	ies may requ			
	DUCER DML Insurance Services) the	Certi		CONTA NAME:	ст		EAV		
	4005 20th Ave W Ste 132 Seattle			WA 98199-	PHONE (A/C, No E-MAIL ADDRE	<u>o, Ext): (200)</u>	838-9077	FAX (A/C, No):(2	206)8	38-9076
	Sealle			WA 30133-		IN: R A :Ohio Cas		ING COVERAGE		NAIC #
INSU	JRED				INSURE	24074				
	3R Technology, LLC 5511 1st Ave S				INSURE					
	Seattle			WA 98108-	INSURE					
	VERAGES CER		× • • •	E NUMBER:						
<u> </u>	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO TH			ICY P	ERIOD
C C	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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
В		Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	1,000,000 10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
В		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	DED X RETENTION \$ 10,000							AGGREGATE	\$ \$	1,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	<u>\$</u>	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ow certificate holder is an additional insu							ed)		
CE	RTIFICATE HOLDER				CAN	CELLATION				AI 003469
	Port of Seattle PO Box 1290 Seattle			WA 98111-	THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.	EDE	-
					AUTHO	RIZED REPRESE		En Mist	2.	

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В	ELO	W. THIS CERTIFICATE OF INS	URA	NCE	DOES NOT CONSTITUT	•							
IN	IPOR	RTANT: If the certificate holder is ROGATION IS WAIVED, subject t	an /	ADDI	TIONAL INSURED, the po								
tł	nis ce	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su		()						
PRO	DUCEF	R DML Insurance Services				CONTAC NAME:	-		EAY				
		4005 20th Ave W Ste 132				PHONE (A/C, No È-MAIL	<u>, Ext):</u> (206)	838-9077	FAX (A/C, No):(2	06)83	38-9076		
		Seattle			WA 98199-	ADDRES	SS:						
											NAIC #		
								sualty Ins Co			24074		
INSU	JRED							curity Ins Co			24082		
		3R Technology, LLC 5511 1st Ave S				INSURE							
		Seattle			WA 98108-	INSURE							
						INSURE							
со	VER	AGES CER	TIFIC	CATE	E NUMBER:	INSURE	K F :		REVISION NUMBER:				
		TO CERTIFY THAT THE POLICIES C				BEEN IS	SUED TO TH			CY P	ERIOD		
c	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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344	(• •	06/11/2020		\$	1,000,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
									MED EXP (Any one person)	\$	10,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
		POLICY PRO- JECT LOC								\$\$	2,000,000		
В		OMOBILE LIABILITY	х		BAS56732344	(06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS							, , , , , , , , , , , , , , , , , , , ,	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
_									5	\$			
A		UMBRELLA LIAB OCCUR			USO56732344	0	06/11/2019	06/11/2020	EACH OCCURRENCE S	\$	1,000,000		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
в	1	DED X RETENTION \$ 10,000						00/44/0000		\$			
	AND I	EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	A STATUTE ER		1,000,000		
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap					\$	1,000,000		
	If yes,	datory in NH) , describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000		
	DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Þ	.,		
		ON OF OPERATIONS / LOCATIONS / VEHICI											
Blu	Cora i	is listed as additional insured on th	e Ge	neral	Liability with respect to wr	ritten co	ntract on file	with insured p	per policy wording attached	Ι.			
CE	<u>RTIF</u> I	ICATE HOLDER				CANC	ELLATION				AI 003748		
		Blucora Attn: Jason Judge 10900 NE 8th St Ste 800				THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.				
		Bellevue			WA 98004-	AUTHOR	RIZED REPRES		D am- 1				
		Donovuo						F	En Mish				
I I						1		4	OIL I I I I I I I				

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DATE (MM/DD/YYYY) 05/28/2019

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C B	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.											
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject f	o the	term	ns and conditions of the p	policy,	, certain polic	ies may requ					
	his certificate does not confer rights to	o the c	certi	ficate holder in lieu of su	Ch end							
PRO	DUCER DML Insurance Services				NAME: PHONE			EAV				
	4005 20th Ave W Ste 132				(A/C, No	, Ext): (206)	838-9077	(A/C, No)	No):(206)838-9076			
	Seattle			WA 98199-	É-MAIL ADDRE	SS:						
						IN	SURER(S) AFFOF	RDING COVERAGE		NAIC #		
					INSURE	RA:Ohio Cas	sualty Ins Co			24074		
INSU	IRED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082		
	3R Technology, LLC				INSURE	R C :						
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
					INSURE							
0.0	VERAGES CER	TIFIC	ΔTF	NUMBER:	INSURE	<u>KF:</u>		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										FRIOD		
IN C	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 S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000		
							55, 11, 2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
									\$	10,000		
								MED EXP (Any one person)	1	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
								PRODUCTS - COMP/OP AGG		2,000,000		
	OTHER:							COMBINED SINGLE LIMIT	\$			
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000	1						, looneo, ne	\$			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	+			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					00/11/2010	00/11/2020		\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	1	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE		1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Des	cRIPTION OF OPERATIONS / LOCATIONS / VEHICI cription of operations: RE: Metropolitan JS Value 7 - Metropolitan Park East & V	PArk	Wes	t 1100 Olive Way, WA 981	101, 173	30 Minor Ave	nue, Seattle,	WA 98101 CBRE Glob				
					CAN/2					AI 003966		
	RTIFICATE HOLDER CBRE Global Investors, LLC Metropolitan Park East & We 1100 Olive Way, Suite 1150				SHO THE ACC	EXPIRATIO	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		LED BEFORE		
	1100 Olive Way, Suite 1150 Seattle WA 98101- AUTHORIZED REPRESENTATIVE Ben Might											

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							05/	28/2019				
E	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.											
I	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject t	an AD	DITIONAL INSURED, the po									
t	his certificate does not confer rights to	o the ce	rtificate holder in lieu of su									
PRO	DDUCER DML Insurance Services			CONTACT NAME:								
	4005 20th Ave W Ste 132			(A/C, NO, EXU. $($	838-9077	FAX (A/C, No):(4	206)83	38-9076				
	Seattle		WA 98199-	E-MAIL ADDRESS:								
						RDING COVERAGE		NAIC #				
				INSURER A :Ohio Ca		24074						
INS	URED			INSURER B :Ohio See	curity Ins Co			24082				
	3R Technology, LLC			INSURER C :								
	5511 1st Ave S Seattle		WA 98108-	INSURER D :								
	Sealle		WA 90100-	INSURER E :								
			TE NUMBER:	INSURER F :								
	OVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O	-	-			REVISION NUMBER:		FRIOD				
	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAII	ENT, TERM OR CONDITION OF N, THE INSURANCE AFFORD	ANY CONTRACT OR ED BY THE POLICI	OTHER DOCL	JMENT WITH RESPECT TO	WHICH	H THIS				
INSF	TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s					
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019		EACH OCCURRENCE	\$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
						MED EXP (Any one person)	\$	10,000				
						PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000				
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000				
в			BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	X ANY AUTO		B/(000702044	00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
							\$					
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000				
	X 10,000						\$					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000				
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)						
CE	RTIFICATE HOLDER			CANCELLATION				AI 004057				
	Univar USA Inc. Susie May 17411 NE Union Hill Rd			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Redmond		WA 98052-	AUTHORIZED REPRESE	NTATIVE	D am-	1					
					Ľ	Sen Mist	20					

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								•••••	_	05/	/28/2019	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											IE POLICIES	
IN If	MPORTA SUBRO	NT: If the certificate I GATION IS WAIVED, s	holder is a subject to	an ADDI the tern	TIONAL INSURED, the point of the figure of t	policy,	certain poli	cies may requ				
	DUCER	DML Insurance Servi	<u> </u>			CONTA NAME: PHONE (A/C, No	ст	838-9077	FAX	206)8	38-9076	
		4005 20th Ave W Ste Seattle	9 132		WA 98199-	(A/C, No E-MAIL ADDRE			(A/C, No):\	200)00		
						INSURE		<u>surer(s) AFFOF</u> sualty Ins Co			NAIC # 24074	
INSU	JRED					INSURE	_{R в :} Ohio Se	curity Ins Co			24082	
		3R Technology, LLC				INSURE	RC:					
		5511 1st Ave S				INSURE	RD:					
		Seattle			WA 98108-	INSURER E :						
						INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
IN C	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	A	DDL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
В	X com		ITY		BLS56732344		• •	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
		CLAIMS-MADE OCC	UR						PREMISES (Ea occurrence)	\$	10,000	
	<u> </u>								MED EXP (Any one person)	\$	1,000,000	
									PERSONAL & ADV INJURY	\$\$	2,000,000	
	POL		ER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$\$\$	2,000,000	
	ОТН									\$	_,,	
в		BILE LIABILITY			BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY	AUTO							BODILY INJURY (Per person)	\$		
		OS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUT	OS ONLY AUTOS							(Per accident)	\$ \$		
А	Х имв		'I IR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXC		IMS-MADE						AGGREGATE	\$	1,000,000	
	DED	V	10,000							\$		
В		S COMPENSATION LOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY PROF	RIETOR/PARTNER/EXECUTI	VE N	1/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandator			"					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPT	cribe under FION OF OPERATIONS below	,						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION C	OF OPERATIONS / LOCATION	IS / VEHICLE	S (ACORD	101, Additional Remarks Schedu	ile, may be	attached if mor	e space is require	ed)			
C.F		TE HOLDER				CONC	ELLATION				AI 004429	
		Kennedy Wilson Prop Attn: Talia Cotton		V		ТНЕ	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
		901 5th Ave Ste 270 Seattle	J		WA 98164-	AUTHORIZED REPRESENTATIVE D MM- 1						

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								0	5/28/2019		
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	MPORTANT: If the certificate holder is				licv/ie	s) must have		I INSURED provisions or be	endorsed		
lf	SUBROGATION IS WAIVED, subject this certificate does not confer rights to	o the	tern	ns and conditions of the	policy,	certain polic	ies may requ				
	DUCER				CONTA	()					
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):(206)	338-9076		
	4005 20th Ave W Ste 132				(A/C, No È-MAIL ADDRE		000 0011	(A/C, NO):(200)			
	Seattle			WA 98199-	ADDRE						
									NAIC #		
						RA:Ohio Cas					
INSU					INSURE	_{R в :} Ohio Sec	cunty ins Co		24082		
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S			M/A 00400	INSURER D :						
	Seattle			WA 98108-	INSURE						
					INSURER F :						
				ENUMBER:				REVISION NUMBER:			
IN C	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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							\$			
В	AUTOMOBILE LIABILITY			BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
	Χ ΑΝΥ Αυτο					00, 1, 2010	00,11,2020	BODILY INJURY (Per person) \$			
	OWNED AUTOS ONLY							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED							PROPERTY DAMAGE \$			
	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE					00, 1, 2010	00,11,2020	AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000							S S S S S	,,		
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	V PFR OTH-			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2010	00/11/2020	E.L. EACH ACCIDENT	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under								1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is require	ed)			
		- (· , ···· · · · · · · · · ·	., .,			,			
					CAN/				AI 004460		
UE	RTIFICATE HOLDER					CELLATION			71 004400		
					SHC	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCE	LLED BEFORE		
	Digital Fortress							EREOF, NOTICE WILL BE DI	LIVERED IN		
	12101 Tukwila Int'l Blvd. Ste	410				ORDANCE W	TH THE POLIC	SY PROVISIONS.			
	Tukwila	Tuluda and an and an and an									
					AUTHORIZED REPRESENTATIVE Ben Migh						

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DATE (MM/DD/YYYY) 05/28/2019

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E	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A		(OF	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	зү тн	IE POLICIES	
11	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights t	s an Al to the	DDI1 term	FIONAL INSURED, the pons and conditions of the p	policy,	, certain polic	cies may requ				
	nis certificate does not confer rights t	o the c	erti	ficate holder in fieu of su	CONTA		•				
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):	206/8	28 0076	
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	, EXU. /	030-9077	(A/C, No):	200)0	30-9070	
	Seattle			WA 98199-	ADDRE					NAIC #	
										24074	
INS	JRED				INSURER A :Ohio Casualty Ins Co					24082	
	3R Technology, LLC				INSURER C :						
	5511 1st Ave S				INSURER D :						
	Seattle			WA 98108-	INSURE						
					INSURE	RF:					
CO	VERAGES CEF	TIFIC	ATE	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.										
INSF	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000	
В				BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
A				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
· ·	EXCESS LIAB OCCUR CLAIMS-MADE			00030732344		00/11/2015	00/11/2020	AGGREGATE	<u></u> Տ	1,000,000	
	DED X RETENTION \$ 10,000	1 1						AGGILGATE	\$,,	
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)			
					••••					AI 004483	
	RTIFICATE HOLDER Merkle Attn: Brian Edwards 7001 Columbia Gateway Driv			SHO THE ACC	E EXPIRATIO	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.	BE DE	LED BEFORE		
	Columbia			MD 21046-	AUTHO	RIZED REPRESE		Sen Mist	2.		

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DATE (MM/DD/YYYY) 05/28/2019

_	\sim								05/26/2019			
C B	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.											
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	e terr	ns and conditions of the	policy,	certain polic	ies may requ					
-	DUCER		COL		CONTA							
	DML Insurance Services				NAME: PHONE	(222)		FAX (00)	0,000,0070			
	4005 20th Ave W Ste 132				E-MÁIL	<u>o,Ext): (∠∪0)</u>	838-9077	(A/C, No):(200	6)838-9076			
	Seattle			WA 98199-	ADDRE	SS:						
								RDING COVERAGE	NAIC #			
					INSURE	RA:Ohio Ca	sualty Ins Co		24074			
INSU	RED					R в :Ohio Seo			24082			
	3R Technology, LLC				INSURE							
	5511 1st Ave S											
	Seattle			WA 98108-	INSURE							
					INSURE							
					INSURE	RF:						
			-	E NUMBER:				REVISION NUMBER:				
IN C E	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. INDUCISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
в	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
								· · · · · · · · · · · · · · · · · · ·	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
								PRODUCTS - COMP/OP AGG \$	2,000,000			
-	OTHER:							COMBINED SINGLE LIMIT &	1 000 000			
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000			
								BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$				
								\$				
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000			
	DED X RETENTION \$ 10,000							S S				
в	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
-						00/11/2019	00/11/2020		1,000,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC											
Wa	shington Securities, Co. and Clise Agen	cy, Ir	nc. a	re listed as Additional Insu	ired wit	h respect to v	vork performe	ed by the insured.				
CE	RTIFICATE HOLDER				CAN	CELLATION			AI 004486			
	Berkeley Point 1904 3rd Ave Suite 228			WA 02404	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Seattle			WA 98101-	AUTHO	RIZED REPRESE	NTATIVE	D m-1				
	Ben Mich											

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DATE (MM/DD/YYYY) 05/28/2019

								_	05/	/28/2019
C B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL URAI	Y O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED	зү тн	E POLICIES
	IPORTANT: If the certificate holder is				licv(ies) must have			r he e	ndorsed
lf	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	o the	tern	ns and conditions of the p	oolicy,	certain poli	cies may requ			
	DUCER				CONTA NAME:	()	-			
	DML Insurance Services				PHONE	- (206)	838-9077	FAX (A/C, No):	206)8:	38-9076
	4005 20th Ave W Ste 132				(A/C, No E-MAIL ADDRE			(A/C, NO).		
	Seattle			WA 98199-	ADDRE					NAIC #
					INCLIDE		sualty Ins Co			24074
INSU	RED						curity Ins Co			24082
	3R Technology, LLC									
	5511 1st Ave S				INSURE					
	Seattle			WA 98108-	INSURE					
					INSURE					
0.0	VERAGES CER	TIFIC		NUMBER:	INSURE	<u>KF:</u>		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES C				BEEN IS	SUED TO TH			LICY P	ERIOD
IN C E)	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH I	UIRE PERT POLIC	MEN AIN, SIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	ANY CO ED BY	ONTRACT OR THE POLICI EDUCED BY	OTHER DOCL ES DESCRIBE PAID CLAIMS.	IMENT WITH RESPECT TO	WHICH	H THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
в				BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			B/(000/02011		00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000							10011201112	\$	
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	<u> </u>	
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
									_Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)		
CE	RTIFICATE HOLDER				CONC	ELLATION				AI 004504
	Arden Realty Limited Partner: Arden Realty, Inc.,		_		THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	MF Funding, Inc., Long Ridge		e PC	סונוטווס, ב.צ					,	
	2001 Spring Road Oak Brook			II 60522	AUTHO	RIZED REPRES	ENTATIVE	D m.	1	
	Uar DIUUK			IL 60523-			D	Sen Mist	20	

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DATE (MM/DD/YYYY) 05/28/2019

(E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRA	LY O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE		TER THE CO	VERAGE AFFORDED B	e ho Y th	E POLICIES
1	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to	an / o the	ADDI e tern	TIONAL INSURED, the po ns and conditions of the p	policy,	certain polic	cies may requ			
_	ODUCER) the	Certi		CONTA		•			
	DML Insurance Services				NAME: PHONE	(206)	020 0077	FAX (2)	06)00	0.0076
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	o,Ext): (200)	838-9077	FAX (A/C, No):(2)	00)03	0-9070
	Seattle			WA 98199-	ADDRE	SS:				
								RDING COVERAGE		NAIC #
							sualty Ins Co			24074
INS	SURED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE	RE:				
					INSURE	RF:				
<u> </u>	OVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIRE	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO ED BY	ONTRACT OR THE POLICII	OTHER DOCL	JMENT WITH RESPECT TO W	VHICH	I THIS
INS			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	6	1,000,000
								MED EXP (Any one person)		10,000
								PERSONAL & ADV INJURY		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
в	AUTOMOBILE LIABILITY	Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000
[X ANY AUTO	~		DA330732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	5	, ,
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
A				110056722244		06/11/2010	06/11/2020			1,000,000
ľ`				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000
								AGGREGATE		1,000,000
В	DED N RETENTION \$ 10,000 WORKERS COMPENSATION							Y PER OTH-	5	
	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	A STATUTE ER		1 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
360 Lei pro hei sub uno	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL 00 Carillon Point, Kirkland, WA 98033 novo (United States) Inc, Jones Lang LaS ovisions of the General Liability insurance rein is Primary & Non-Contributory to othe brogation is granted in favor of Lenovo (U der said contract, with respect to the Gen ditional Insured endorsements in favor of	Salle, and er ins nited eral	its d Auto suran d Stat Liabil	irectors, officers, and empl Liability insurance policies ce available to an additiona tes) Inc and Jones Lang La ity insurance, Auto Liability	oyees a s. Gene al insure Salle a	are included ral Liability ir ed, but only i s required by	as Additional isurance and n accordance / written contr	Insureds in accordance with Auto Liability insurance pol with the policy's provisions act but limited to the operat	icies s. A w tions	evidenced aiver of of the Insured
CF	ERTIFICATE HOLDER				CANC	ELLATION				AI 004739
	Carillon Properties and Skinn 3600 Carillon Point	er De	evelo		SHO THE	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CY PROVISIONS.		ED BEFORE
3600 Carillon Point Kirkland WA 98033- AUTHORIZED REPRESENTATIVE Ben Mish										

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DATE (MM/DD/YYYY) 05/28/2019

C E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT SELOW. THIS CERTIFICATE OF INS	IVEL URA	Y O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT), EXTE		FER THE CO	UPON THE CERTIFICATE H	IE POLICIES
II If	EPRESENTATIVE OR PRODUCER, AI MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	s an A to the	ADDI e tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ		
	his certificate does not confer rights to DUCER	o the	cert	ficate holder in lieu of su	CONTA		•		
FRC	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):(206)8	39 0076
	4005 20th Ave W Ste 132				A/C. NO		030-3011	(A/C, No):(200)C	30-3010
	Seattle			WA 98199-	ADDRE				NAIO #
							sualty Ins Co	RDING COVERAGE	NAIC #
INSI	JRED					<u>ER A</u> :Ohio Ca ER в :Ohio Se			24082
	3R Technology, LLC								24002
	5511 1st Ave S				INSURE				
	Seattle			WA 98108-	INSURE				
					INSURE				
	VERAGES CER	TIFIC		ENUMBER:	INSURE	<u> </u>		REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES (BEEN IS	SUED TO TH			ERIOD
C E	NDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	AIN, CIES.	THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIBE PAID CLAIMS.		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
								MED EXP (Any one person) \$	10,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:							\$ COMBINED SINGLE LIMIT ©	
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000
	X ANY AUTO							BODILY INJURY (Per person) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
								(Per accident) Ψ	
A				110050700044		00/11/0010	00/11/0000	\$	4 000 000
				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
		-						AGGREGATE \$	1,000,000
В	DED A RETENTION \$ 10,000			BLS56732344		06/11/2019	00/44/2020	X PER OTH-	
	AND EMPLOYERS' LIABILITY Y / N					06/11/2019	00/11/2020		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$.,,
Kilr	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC OV Realty Corporation and/or any subsic litional insured. Coverage is Primary and	liary,	partn	ership, joint venture, corpo	oration	or affiliate no	w existing or I	hereinafter formed or acquired a	are listed as an
	RTIFICATE HOLDER				CAN	CELLATION			AI 004773
	Kilroy Realty Corporation Attention: KRC Risk Manage 12200 W. Olympic Blvd., Sui			artment	тне	EEXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE CY PROVISIONS.	
	Los Angeles			CA 90064-	AUTHO	RIZED REPRESE		En Mich.	

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DATE (MM/DD/YYYY) 05/28/2019

C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU	IVEL` JRAN	Y OR NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	ТЕ НС ЗҮ ТН	E POLICIES
1	REPRESENTATIVE OR PRODUCER, AN MPORTANT: If the certificate holder is	an A	DDIT	IONAL INSURED, the po						
	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to							uire an endorsement. A	staten	nent on
	DUCER				CONTA NAME:		•			
	DML Insurance Services				PHONE	(206)	838-9077	FAX (A/C, No):(206)8;	38-9076
	4005 20th Ave W Ste 132				(A/C, No E-MAIL ADDRE	, EXU. /			/-	
	Seattle			WA 98199-	ADDRE					NAIC #
							sualty Ins Co			24074
INSU	JRED					R B Ohio See				24082
	3R Technology, LLC				INSURE					
	5511 1st Ave S				INSURE					
	Seattle			WA 98108-	INSURE					
					INSURE					
со	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES O									
C E	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	AIN, 1 IES. L	THE INSURANCE AFFORD	ED BY	THE POLICII EDUCED BY I	ES DESCRIBE PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
В	X COMMERCIAL GENERAL LIABILITY	X	E	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
в	OTHER:	x		DA 050700044		00/44/2040	00/44/2020	COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO	^	ľ	BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A	X UMBRELLA LIAB			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE		ľ	00000102011		00,11,2010	00/11/2020	AGGREGATE	\$ \$	1,000,000
	DED X RETENTION \$ 10,000							AGGREGATE	<u>ه</u> \$	
в	WORKERS COMPENSATION		F	BLS56732344		06/11/2019	06/11/2020	X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2010	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A	ľ					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under							E.L. DISEASE - POLICY LIMIT	ф Ф	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICIT LIMIT	φ	,,
CPI	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL USI Co-Investment Cayman, LLC and Go progation applies with respect to General	oodma	and F	Real Estate, Inc. are name	e, may be ed as ac	e attached if mor dditional insu	e space is requir red with resp	ed) ect to General Liability cov	/erage	. Waiver of
C.F	RTIFICATE HOLDER				CANO	ELLATION				AI 004774
	CPUSI Co-Investment Cayma Goodman Real Estate, Inc. 506 Second Ave Ste 220 Seattle	ın, LL	.C	WA 98104-	SHO THE ACC	OULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.	BEDE	LED BEFORE
					Ben Mish					

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DATE (MM/DD/YYYY) 05/28/2019

C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVELY JRANC	OR NEGATIVELY AMEND	, EXTEND OR AL	FER THE CO	UPON THE CERTIFICATE H	HE POLICIES
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the te	rms and conditions of the	policy, certain polic	ies may requ		
	DDUCER			CONTACT NAME:			
	DML Insurance Services				838-9077	FAX (A/C, No):(206)8	38-9076
	4005 20th Ave W Ste 132 Seattle		WA 98199-	É-MAIL ADDRESS:			
	Sealle		WA 90199-	IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #
				INSURER A :Ohio Cas	sualty Ins Co		24074
INSU	URED			INSURER B :Ohio Sec			24082
	3R Technology, LLC			INSURER C :			
	5511 1st Ave S			INSURER D :			
	Seattle		WA 98108-	INSURER E :			
				INSURER F :			
СО	OVERAGES CER	TIFICA ⁻	TE NUMBER:			REVISION NUMBER:	· · · · · · · · · · · · · · · · · · ·
	THIS IS TO CERTIFY THAT THE POLICIES O						
C	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	PERTAIN	N, THE INSURANCE AFFORE	DED BY THE POLICIE	ES DESCRIBE		
INSR LTR		ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
						MED EXP (Any one person) \$	10,000
						PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000
в	AUTOMOBILE LIABILITY	x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT \$	1,000,000
	X ANY AUTO		5/1000/ 02044	00/11/2010	00/11/2020	BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$	
						(Peraccident) \$	
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000					\$	
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000
Inte	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ernational Gateway West LLC, National D ed as additional insured with respect to co	ata Cer	nter Holdings LLC, Sabey Da	ata Center Properties	s LLC, Sabey	Properties LLC and Sabey Con	rporation are
				CANCELLATION			AI 004775
	Sabey Corporation Attn: Property Manager 12201 Tukwila International B Tukwila	lvd Fl 4	WA 98168-5121	SHOULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE LY PROVISIONS. Ren Mich	LED BEFORE
					4	an Illon	

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DATE (MM/DD/YYYY) 05/28/2019

_									- 05/	20/2019
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEI JRA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED B	вү тн	E POLICIES
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	o the	e tern	ns and conditions of the	policy,	certain polic	cies may requ			
<u> </u>	nis certificate does not confer rights to	the	cert	ficate holder in lieu of su	CONTA	()	•			
PRO	DUCER DML Insurance Services				NAME: PHONE	-		FAX		
	4005 20th Ave W Ste 132				(A/C, No	, Ext): (206)	838-9077	FAX (A/C, No):(4	206)83	38-9076
	Seattle			WA 98199-	É-MAIL	SS:				Т
								NDING COVERAGE		NAIC #
							sualty Ins Co			24074
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE					
					INSURE					
со	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES C		-	-	BEEN IS	SUED TO TH			ICY P	ERIOD
C C	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERT	TAIN, CIES.	THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	DED BY	THE POLICIE	ES DESCRIBE			-
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019			\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								, , ,	\$	10,000
									\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000
	PRO-								\$	2,000,000
									ծ Տ	2,000,000
в	OTHER:	х		D 4 0 5 0 7 0 0 0 4 4		00/44/0040	00/11/0000	COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000
	OWNED SCHEDULED							· · · · ·		
	AUTOS ONLY AUTOS HIRED NON-OWNED							, , ,	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
_									\$	
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL									
	ow Certificate Holder, International Gate				ation ar	e listed addit	ional insured	with respect to contract or	agree	ement on file
with	the insured. Coverage is Primary and N	Ion (Contri	butory.						
Ļ										AL 00 1770
CE	RTIFICATE HOLDER					ELLATION				AI 004776
	Department of Homeland Sec 12500 Tukwila International B				ТНЕ	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	Tukwila			WA 98168-	AUTHO	RIZED REPRESE		n an	1	
							1	Sen Mist	5	
	1						4	en ingo	63	

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DATE (MM/DD/YYYY) 05/28/2019

								_	05	/28/2019
C B	ERT	CERTIFICATE IS ISSUED AS A I TFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AN	IVEL URA	LY O	R NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED E	зү тн	IE POLICIES
II If	/IPOI SUE	RTANT: If the certificate holder is ROGATION IS WAIVED, subject t ertificate does not confer rights to	an / o the	ADDI e tern	TIONAL INSURED, the po ns and conditions of the p	oolicy, certain poli	cies may requ			
		0) the	Certi	incate noider in ned of su	CONTACT				
PRO	DUCE	DML Insurance Services				NAME:		FAX		
		4005 20th Ave W Ste 132				(A/C. No. Ext): (200)	838-9077	(A/C, No):(206)8	38-9076
		Seattle			WA 98199-	È-MAIL ADDRESS:				
								DING COVERAGE		NAIC #
						INSURER A :Ohio Ca				24074
INSU	IRED					INSURER B : Ohio Se	curity Ins Co			24082
		3R Technology, LLC				INSURER C :				
		5511 1st Ave S				INSURER D :				
		Seattle			WA 98108-	INSURER E :				
						INSURER F :				
CO	VER	AGES CER	TIFIC	CATE	E NUMBER:			REVISION NUMBER:		
IN C E	IDICA ERTI XCLL	S TO CERTIFY THAT THE POLICIES C ATED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY I ISIONS AND CONDITIONS OF SUCH I	UIRE PERT POLIC	MEN AIN, CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	ANY CONTRACT OR DED BY THE POLICI BEEN REDUCED BY	OTHER DOCL ES DESCRIBE PAID CLAIMS.	MENT WITH RESPECT TO	WHICI	H THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	Х	COMMERCIAL GENERAL LIABILITY	Х		BLS56732344	,	06/11/2020	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	UL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY	Х		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
А	X	UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED X RETENTION \$ 10,000							\$	
В	WOR	KERS COMPENSATION			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	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
									Ψ	
705 Prir	5th /	ION OF OPERATIONS / LOCATIONS / VEHICL Avenue South Venture, LLC at 705 Real Estate Investors, LLC, and C on file with the insured.	5th A	Ave S	South				to ag	reement or
<u>C</u> F	RTIF	ICATE HOLDER				CANCELLATION				AI 004803
Principal Real Estate Investors, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL								LED BEFORE		

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

ligh

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CBRE, Inc.

Seattle

705 5th Avenue South Venture, LLC 605 Fifth Avenue South, Suite 110

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WA 98104-



DATE (MM/DD/YYYY) 05/28/2019

									/60	20/2019
E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y OI NCE	R NEGATIVELY AMEND	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED B	вү тн	E POLICIES
l ľ	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to	an A o the	DDI term	FIONAL INSURED, the pons and conditions of the	policy,	certain polic	ies may requ			
t	this certificate does not confer rights to	the	certi	ficate holder in lieu of su		()	•			
PRO	ODUCER DML Insurance Services				CONTA NAME:	-				
	4005 20th Ave W Ste 132				PHONE (A/C, No	, Ext): (206)	838-9077	FAX (A/C, No):(4	206)83	38-9076
	Seattle			WA 98199-	È-MAIL	SS:				
	Coulie					IN	SURER(S) AFFOF	RDING COVERAGE		NAIC #
					INSURE	RA:Ohio Cas	sualty Ins Co			24074
INS	SURED					к в Ohio Seo				24082
	3R Technology, LLC				INSURE					
	5511 1st Ave S				INSURE					
	Seattle			WA 98108-	INSURE					
					INSURE					
ົດ	OVERAGES CER	TIFIC		NUMBER:	INSURE	кг.		REVISION NUMBER:		<u></u>
	THIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO TH			ICY PI	ERIOD
	INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIREI PERT. POLIC	MENT AIN, T	I, TERM OR CONDITION OF THE INSURANCE AFFORE	ANY CO	ONTRACT OR THE POLICIE	OTHER DOCL	JMENT WITH RESPECT TO	WHICH	H THIS
INSE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC								\$ \$	2,000,000
В	OTHER:	х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000
Ľ	X ANY AUTO	^		DA330/32344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$.,
	OWNED SCHEDULED							· · · ·	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
A				10050700044		00/44/0040	00/44/0000		\$	1 000 000
^				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
В	DED X RETENTION \$ 10,000							Y PER OTH-	\$	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	scription of operations / locations / vehicl achers Insurance & Annuity Association c	es (A of Am	cord erica	101, Additional Remarks Schedu I, Inc. and CBRE, Inc. are	le, may be named	e attached if mor as Additiona	e space is require Insured per p	bolicy forms		
CF	ERTIFICATE HOLDER				CANC	ELLATION				AI 005010
	Millennium Corporate Park CBRE, Inc. 1909 – 214th St. SE, Suite 10 Bothell	1		WA 98021-	SHO THE ACC	ULD ANY OF	ON DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.	E DEI	
							1	Sen Mist	La	

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DATE (MM/DD/YYYY) 05/28/2019

_								03/	20/2019			
C B	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.											
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	o the	e tern	ns and conditions of the	policy, c	ertain polic	ies may requ					
	nis certificate does not confer rights to	o the	cert	ficate holder in lieu of su	CONTAC		•					
PRO	DUCER DML Insurance Services				NAME:							
	4005 20th Ave W Ste 132				PHONE (A/C, No,	Ext): (206)	838-9077	FAX (A/C, No):(206)83	38-9076			
	Seattle			WA 98199-	E-MAIL ADDRES	S:						
	Counto					IN	SURER(S) AFFOF	DING COVERAGE	NAIC #			
					INSURER	.Ohio Ca	sualty Ins Co		24074			
INSU	JRED						curity Ins Co		24082			
	3R Technology, LLC						,					
	5511 1st Ave S				INSURER							
	Seattle			WA 98108-	INSURER							
	Ocalic			WA 50100	INSURER	E:						
					INSURER	F:						
<u></u>	VERAGES CER	TIFIC	CATE	ENUMBER:				REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES O IDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIRE PERT POLIC	MEN AIN, CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	F ANY CO DED BY 1	NTRACT OR THE POLICIE DUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	IMENT WITH RESPECT TO WHICH	H THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344	0	6/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
									2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000			
в	AUTOMOBILE LIABILITY	х		BAS56732344	0	6/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000			
	X ANY AUTO				Ĩ			BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE s				
	AUTOS ONLY AUTOS ONLY							(Per accident) \$				
A				10050700044		0/44/0040	00/11/0000		1 000 000			
A				USO56732344	0	6/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000			
	DED X RETENTION \$ 10,000							\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344	0	6/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
	DESCRIPTION OF OPERATIONS DEIOW											
L												
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL								at on file with			
	erfront Technical Park LLC, Sabey Prope insured. Coverage is primary and non co				ie listed a	as additiona	u insured with	respect to contract or agreeme	nt on file with			
uie	nisureu. Goverage is primary anu non co	JIIII	JuiOI	,								
CE	RTIFICATE HOLDER				CANC	ELLATION			AI 005036			
	Sabey Corporation Attn: Property Manager		-1 4		THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.				
	12201 Tukwila International B	nvu F	14		AUTHOR	IZED REPRESE		$n \alpha n 1$				
	Tukwila			WA 98168-5121			7	S Mint				
	1						4	En Mich.				

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DATE (MM/DD/YYYY) 05/28/2019

								05/	28/2019
E	THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	IVELY URANC	OR NEGATIVELY AMEND E DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES
	MPORTANT: If the certificate holder is	an ADI	DITIONAL INSURED, the po	licy(ies) must have	ADDITIONA	L INSURED provisions or	be ei	ndorsed.
	f SUBROGATION IS WAIVED, subject the his certificate does not confer rights to						uire an endorsement. A s	tatem	ient on
PRC	DDUCER			CONTA NAME:	СТ				
	DML Insurance Services 4005 20th Ave W Ste 132			PHONE (A/C, No	, Ext): (206)	838-9077	FAX (A/C, No):(2	206)83	38-9076
	Seattle		WA 98199-	È-MAIL ADDRE	SS:				
	Codilio						NDING COVERAGE		NAIC #
						sualty Ins Co			24074
INS	URED			INSURE	_{R B :} Ohio Seo	curity Ins Co			24082
	3R Technology, LLC			INSURE	RC:				
	5511 1st Ave S		WA 98108-	INSURE	RD:				
	Seattle		WA 90100-	INSURE	RE:				
				INSURE	RF:				
	OVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES O		TE NUMBER:				REVISION NUMBER:		
	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH		ENT, TERM OR CONDITION OF N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE I	ANY CO	ONTRACT OR THE POLICII EDUCED BY	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO V	NHICH	I THIS
INSF LTR	TYPE OF INSURANCE	ADDL SUI	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$	2,000,000
	POLICY PRO- JECT LOC							\$	2,000,000
		v						\$	1,000,000
В		X	BAS56732344		06/11/2019	06/11/2020	(Ea accident)	ծ Տ	1,000,000
	OWNED SCHEDULED						,	ֆ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
Α	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							\$	1,000,000
	DED X RETENTION \$ 10,000							\$	
В	WORKERS COMPENSATION		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Urb	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI Dan Renaissance Property Company LLC luded as Additional Insured as respects t	C, Clario	n Partners, LLC, CSHV 1600	le, may be) 7th Av	e attached if mor enue, LLC a	e space is requir nd Massachu	ed) setts Mutual Life Insurance	e Com	ipany are
	RTIFICATE HOLDER			CANC	ELLATION				AI 005228
	CSHV 1600 7th Avenue, LLC c/o Urban Renaissance Prop 1600 7th Ave Ste 1800 Seattle		npany, LLC WA 98191-	SHO THE ACC	ULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BI Y PROVISIONS.		ED BEFORE
						1	En Mich	->	

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DATE (MM/DD/YYYY) 05/28/2019

							08	5/28/2019
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVELY URANC	OR NEGATIVELY AMEND), EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED BY T	HE POLICIES
	MPORTANT: If the certificate holder is			olicy(ies	s) must have		L INSURED provisions or be	endorsed.
H	f SUBROGATION IS WAIVED, subject the subject the subject the subject the subject to be	to the te	erms and conditions of the	policy,	certain poli	cies may requ		
				CONTA NAME:		•		
	DML Insurance Services			PHONE	- (206)	838-9077	FAX (A/C, No):(206)8	338-9076
	4005 20th Ave W Ste 132			(A/C, No È-MAIL ADDRE	<u>, cxij. </u>		(A/C, NO).()	
	Seattle		WA 98199-	ADDRE			RDING COVERAGE	NAIC #
				INCLIDE		sualty Ins Co		24074
INS	URED				RB:Ohio Se			24082
	3R Technology, LLC			INSURE				
	5511 1st Ave S			INSURE				
	Seattle		WA 98108-	INSURE				
				INSURE				
cc	VERAGES CER	TIFICA	TE NUMBER:	INCOME			REVISION NUMBER:	
Т	THIS IS TO CERTIFY THAT THE POLICIES (OF INSUF	RANCE LISTED BELOW HAVE	BEEN IS	SUED TO TH	E INSURED NA	MED ABOVE FOR THE POLICY F	PERIOD
E	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI	N, THE INSURANCE AFFORE S. LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIBE		
INSF LTR	TYPE OF INSURANCE	ADDL SU	IBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
							MED EXP (Any one person) \$	10,000
							PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:						\$	
В			BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE \$	
							\$	
А	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000
-							<u> </u>	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Schedu	ile, may be	e attached if mor	e space is require	ed)	
				<u></u>				AI 005459
CE					ELLATION			AI 000409
	SSCS 4801 Milwee		TV 77000	THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCEI EREOF, NOTICE WILL BE DE Y PROVISIONS.	
	Houston		TX 77092-		RIZED REPRES	NTATIVE	2 m-1	
	1					1	En Mich.	

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DATE (MM/DD/YYYY) 05/28/2019

	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVELY JRAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES
H H	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the t	erms and conditions of the p	olicy, certain polic	cies may requ		
-	DDUCER			CONTACT NAME:			
	DML Insurance Services			DUONE	838-9077	FAX (A/C No) (20	06)838-9076
	4005 20th Ave W Ste 132		N/A 00400	E-MAIL ADDRESS:			,
	Seattle		WA 98199-				NAIC #
			-	INSURER A Ohio Cas			24074
INS	URED			INSURER B :Ohio See			24082
	3R Technology, LLC		-	INSURER C :			
	5511 1st Ave S		-	INSURER D :			
	Seattle		WA 98108-	INSURER E :			
			-	INSURER F :			
	VERAGES CER	TIFICA	ATE NUMBER:	INSORER F.		REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIREM PERTA	ENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE E	ANY CONTRACT OR ED BY THE POLICI	E INSURED NA OTHER DOCU ES DESCRIBE	MED ABOVE FOR THE POLIC JMENT WITH RESPECT TO W	/HICH THIS
LTR	TYPE OF INSURANCE	INSD V	VVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	4 000 000
В		x	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED	1 000 000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	
	OTHER:					\$	
В		X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	5 1,000,000
	X ANY AUTO					BODILY INJURY (Per person) \$;
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$;
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	;
						\$	5
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000					\$	5
В			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000
Ins	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL pa and 4105 First Avenue South Investm y Commerce Park, 4001 1st Ave S, Seatt	ents L	LC (master landlord) are listed	e, may be attached if mor l as addtional insure	e space is require ad on the Gen	eral Liability with respect to	lease of space at
CE	RTIFICATE HOLDER			CANCELLATION			AI 005585
	Inspa 4001 1st Ave S Seattle		WA 98134-	THE EXPIRATION ACCORDANCE W	ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.	
			VVA 30134-	AUTHORIZED REPRESE	1	Sen Mich	
				@ 10	88-2015 AC	ORD CORPORATION. AI	I righte recorved

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								0	5/28/2019	
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 CONTACT										
DML Insurance Services						NAME: FAX PHONE (A/C, No. Ext): (A/C, No. Ext): (206)838-9077				
4005 20th Ave W Ste 132 Seattle WA 98199-					E-Mall ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INCORER A.				24074 24082	
INSU			INSURER B :Ohio Security Ins Co							
	3R Technology, LLC 5511 1st Ave S				INSURER C :					
	Seattle	WA 98108-			INSURER D :					
					INSURER E :					
со	VERAGES CER	TIFICATE 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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
								MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:							\$	2,000,000	
В				BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO						00/11/2020	BODILY INJURY (Per person) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE \$		
•								\$		
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000	
В	DED ^ RETENTION \$ 10,000 WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH-		
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2015	00/11/2020	ER ER ER ER ER STATUTE ER ER STATUTE STATUTE	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if mor	e space is require	ed)		
CERTIFICATE HOLDER CANCELLATION AI 005587										
Solid Systems CAD Services, Inc. 4801 Milwee						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Houston		TX 77092-	AUTHORIZED REPRESENTATIVE D GYM- 1						
AUTHORIZED REPRESENTATIVE Ben Migh										

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R	BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ID TH	IE C	ERTIFICATE HOLDER.								
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	terr	ns and conditions of the	policy,	certain polic	cies may requ					
	DUCER	ine	cert	incate noider in neu or su	CONTA		•					
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):	206/8	38-9076		
	4005 20th Ave W Ste 132				E-MAIL	J, EXU . (/	000 0011	(A/C, No):\	200)0	50 5070		
	Seattle			WA 98199-	ADDRE							
							sualty Ins Co	RDING COVERAGE		NAIC #		
	JRED					<u>R A</u> :Ohio Ca R в :Ohio Seo				24074		
	3R Technology, LLC									24002		
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE					+		
	Count				INSURE							
	VERAGES CER		× T [ENUMBER:	INSURE	RF:		REVISION NUMBER:				
		-										
IN C E	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			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000		
В		Х		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
_									\$			
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000								\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)				
) Third Avenue Property Management LL					es Lang LaSa	alle Americas	Inc. are listed as additiona	al insu	red on the		
Ger	neral Liability and Auto Liability with resp). WII		suleu.							
CF	RTIFICATE HOLDER				CANO	ELLATION				AI 005635		
	999 Third Avenue Property Ov c/o Jones Lang LaSalle 999 Third Avenue	wner	LLC		THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		-		
	Suite 1550				AUTHO	RIZED REPRESE	INTATIVE	D om-	1			
	Seattle			WA 98104-			F	En Mist	1			
I							1	CIL I I I I I I I I I I I I I I I I I I				

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II If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	s an <i>l</i> to the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ					
	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su	CONTA		•					
PRC	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):(4	206/0	29 0076		
	4005 20th Ave W Ste 132				E-MAIL	<u>, Ext): (200)</u>	030-9077	(A/C, No):\4	200)0	36-9076		
	Seattle			WA 98199-	ADDRE							
							sualty Ins Co			NAIC #		
	JRED					<u>R A</u> :Onio Ca: R в :Ohio Sec				24074		
	3R Technology, LLC									24002		
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
					INSURE							
	VERAGES CER		CATE	E NUMBER:	INSURE	кг:		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES (BEEN IS	SUED TO TH			ICY P	ERIOD		
C E	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. USR TR TYPE OF INSURANCE MADDI SUBR WYD POLICY NUMBER POLICY EFF MWDDPYYYY MWDDPYYYY MWDDPYYYY MWDDPYYYY LIMITS											
INSR LTR	I YPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	6			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							COMBINED SINGLE LIMIT	\$			
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
								(Per accident)	\$			
A				110050700044		00/44/0040	00/14/0000		\$	1 000 000		
				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
		1						AGGREGATE	\$	1,000,000		
В	DED A RETENTION \$ 10,000	1		BLS56732344		06/11/2019	00/44/2020	X PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N					06/11/2019	00/11/2020			1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$.,000,000		
DES Wa	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC aste Technology Services, Inc. is listed a	LES (A	dition	J 101, Additional Remarks Schedu al insured on General Liab	ile, may bo ility per	e attached if mor written conti	e space is require act on file wit	h Insured.				
CF	RTIFICATE HOLDER				CANO	ELLATION				AI 005695		
	Waste Technology Services, Inc 435 North Second Street											
						RIZED REPRESE		En Mist	La			

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II If	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	an A o the	ADDI e tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ					
	DUCER	the	cert	ficate noider in lieu of su	CONTA		•					
	DML Insurance Services				NAME: PHONE	(206)	020 0077	FAX (20		0.0076		
	4005 20th Ave W Ste 132				(A/C, No È-MAIL	p, Ext): (200)	838-9077	FAX (A/C, No):(20	0)030	5-9070		
	Seattle			WA 98199-	ADDRE							
								IDING COVERAGE		NAIC #		
							sualty Ins Co			24074		
INSU	URED				INSURE	_{R в :} Ohio Seo	curity Ins Co		2	24082		
	3R Technology, LLC				INSURE	RC:						
	5511 1st Ave S			M/A 00400	INSURE	RD:						
	Seattle			WA 98108-	INSURE	RE:						
					INSURE	RF:						
<u> </u>				ENUMBER:				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			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344			06/11/2020	EACH OCCURRENCE \$	1	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1	1,000,000		
								MED EXP (Any one person) \$		10,000		
								PERSONAL & ADV INJURY \$	1	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		2,000,000		
в		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1	1,000,000		
-	X ANY AUTO			DA000702044		00/11/2013	00/11/2020	BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident) \$				
A				USO56732344		06/11/2019	06/11/2020			1,000,000		
ľ`				00000702044		00/11/2013	00/11/2020			1,000,000		
								AGGREGATE \$		1,000,000		
в	DED A RETENTION \$ 10,000 WORKERS COMPENSATION Image: Complex stress of the stress of			DI 050700044		06/11/2019	00/44/0000	X PER OTH- STATUTE ER				
Ľ	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020			1,000,000		
		N / A		WA Stop Gap				E.L. EACH ACCIDENT \$				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		1,000,000		
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000		
GĽ	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Y Construction, Inc; BMR-500 Fairview A file with insured.	ES (A	icord Je LL	101, Additional Remarks Schedul C; and Biomed Realty LP a	le, may be are liste	a attached if mor	e space is require al insured on	d) the General Liability with re	espect	to contract		
	RTIFICATE HOLDER				CANC	ELLATION				AI 005764		
	BMR-500 Fairview Ave LLC 17190 Bernardo Center Dr San Diego CA 92128- BMR-500 Fairview Ave LLC 17190 Bernardo Center Dr San Diego CA 92128- BHOULD 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 Ben Might											
							4	en Illon	3			

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DATE (MM/DD/YYYY) 05/28/2019

Т	HIS CERTIFICATE IS ISSUED AS A I	MATTER	OF INFORMATION ONL	Y AND CONFERS	NO RIGHTS		OLDER. THIS					
E	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	URANCI	E DOES NOT CONSTITU									
	MPORTANT: If the certificate holder is	an ADD	ITIONAL INSURED, the po									
	SUBROGATION IS WAIVED, subject t nis certificate does not confer rights to					uire an endorsement. A stater	nent on					
	DUCER			CONTACT NAME:	•							
	DML Insurance Services			DURNE	838-9077	FAX (A/C, No):(206)8	38-9076					
	4005 20th Ave W Ste 132 Seattle		WA 98199-	É-MAIL ADDRESS:								
	Coddio					RDING COVERAGE	NAIC #					
				INSURER A :Ohio Ca			24074					
INSU				INSURER B :Ohio See	curity Ins Co		24082					
	3R Technology, LLC 5511 1st Ave S			INSURER C :								
	Seattle		WA 98108-	INSURER D :								
				INSURER F :								
СО	VERAGES CER	TIFICAT	E 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.											
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDL SUBR WVD POLICY NUMBER POLICY EFF POLICY EFF POLICY EXP LIMITS												
B	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	<u>(MM/DD/YYYY)</u> 06/11/2019	(MM/DD/YYYY) 06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR				00/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
						PRODUCTS - COMP/OP AGG \$	2,000,000					
В	OTHER: AUTOMOBILE LIABILITY	x	DA 050720244	00/11/2010	00/44/2020	COMBINED SINGLE LIMIT \$	1,000,000					
Ľ	X ANY AUTO		BAS56732344	06/11/2019	06/11/2020	Ea accident)	1,000,000					
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$						
	HIRED AUTOS ONLY					PROPERTY DAMAGE \$						
						\$						
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION		DI 856722244	06/11/2010	06/11/2020	X PER OTH-						
Ľ	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		BLS56732344 WA Stop Gap	06/11/2019	06/11/2020		1,000,000					
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
Wa	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL shington Square Associates, LLC, TC W ate Investors, LLC and CBRE, Inc. are n	/ashingto	n Square, LLC, TC Northwe				incipal Real					
CE	RTIFICATE HOLDER			CANCELLATION			AI 005818					
	Washington Square Associates, LLC or its assigns c/o CBRE 929 108th Ave NE, Ste PA1222SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	Bellevue		WA 98004-	AUTHORIZED REPRESE		Ben Mich						

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DATE (MM/DD/YYYY) 05/28/2019

						—	05/2	28/2019				
(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 If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	an ADDI o the terr	TIONAL INSURED, the po ns and conditions of the p	policy, certain polic	ies may requ							
	ODUCER			CONTACT								
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (A/C, No):(2	06)83	38-9076				
	4005 20th Ave W Ste 132			E-MAIL	000 0011	(A/C, NO):\~	.00)00					
	Seattle		WA 98199-	ADDRESS:				NAIC #				
				INSURER A :Ohio Cas				24074				
INS	SURED			INSURER B :Ohio Sec				24082				
	3R Technology, LLC			INSURER C :	, <u>,</u>							
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
СС	OVERAGES CER	TIFICATI	E NUMBER:			REVISION NUMBER:						
	If this is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period noticated. 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. R Policy EFF Policy EXF											
INS LTF	R TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020		\$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
						MED EXP (Any one person)	\$	10,000				
						PERSONAL & ADV INJURY	Ψ	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000				
	POLICY PRO- JECT LOC						\$ \$	2,000,000				
В	AUTOMOBILE LIABILITY		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
						BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS					, ,	\$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
						:	\$					
Α	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000				
Ļ	DED X RETENTION \$ 10,000					Y PER OTH-	\$					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X STATUTE ER		1 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				\$	1,000,000				
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		1,000,000				
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	0 101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)						
CE	ERTIFICATE HOLDER			CANCELLATION				AI 005858				
	Chelan County PUD Randy Pauli 327 N Wenatchee Ave.			THE EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BI Y PROVISIONS.						
	Wenatchee		WA 98801-	AUTHORIZED REPRESE		En Mich	~					

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DATE (MM/DD/YYYY) 05/00/0040

									05/	/28/2019		
C B	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.											
lf	SUBRO	OGATION IS WA	IVED, subject t	o the te	DITIONAL INSURED, the po trms and conditions of the rtificate holder in lieu of su	policy, certain polic	cies may requ					
PRO	DUCER		<u> </u>			CONTACT NAME:						
		DML Insuranc					838-9077	FAX (A/C, No):(²	206)83	38-9076		
		4005 20th Ave	e W Ste 132		14/4 00400	E-MAIL ADDRESS:		(A/C, NO).				
		Seattle			WA 98199-		SURER(S) AFFOR			NAIC #		
						INSURER A :Ohio Cas				24074		
INSU	JRED					INSURER B :Ohio See				24082		
		3R Technolog	v, LLC			INSURER C :						
		5511 1st Ave	S			INSURER D :						
		Seattle			WA 98108-	INSURER E :						
						INSURER F :						
со	VERAG	GES	CER	TIFICA	TE 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 INSUR	ANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В		OMMERCIAL GENERA			BLS56732344	06/11/2019		EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE	C OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	\square_{-}							MED EXP (Any one person)	\$	10,000		
	\square_{-}							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L A	AGGREGATE LIMIT AP	PLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	PC	DLICY PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000		
	го	THER:							\$			
В		IOBILE LIABILITY			BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
								BODILY INJURY (Per person)	\$			
	AL	VNED JTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
		RED JTOS ONLY	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
_	v		1						\$			
А			OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EX		CLAIMS-MADE					AGGREGATE	\$	1,000,000		
В	DE		<u>N</u> \$ 10,000					X PER OTH-	\$			
Р	AND EM	RS COMPENSATION	Y/N		BLS56732344	06/11/2019	06/11/2020			1 000 000		
	OFFICEF	OPRIETOR/PARTNER/E R/MEMBER EXCLUDED		N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, de	t ory in NH) escribe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSCRI	PTION OF OPERATIO	NS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION	OF OPERATIONS / LO	DCATIONS / VEHICL	ES (ACO	RD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)				
<u> </u>	סדוריה									AI 005859		
	<u>R I IFIC</u>	ATE HOLDER Douglas Coun Jim Keating 1151 Valley M	all Parkway			THE EXPIRATIO	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		LED BEFORE		
		East Wenatch	ee		WA 98802-	AUTHORIZED REPRESENTATIVE Ben Migh						

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DATE (MM/DD/YYYY) 05/28/2019

C E	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, AN MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an ADD	DITIONAL INSURED, the po									
	his certificate does not confer rights to			ich end	orsement(s)							
PRC	DUCER			CONTA NAME:	СТ							
	DML Insurance Services 4005 20th Ave W Ste 132			PHONE (A/C, No	. Ext): (206)	838-9077	FAX (A/C, No):(206)	838-9076				
	Seattle		WA 98199-	È-MÁIL ADDRE								
	Seame		WA 90199-		IN	SURER(S) AFFO	RDING COVERAGE	NAIC #				
				INSURE	RA Ohio Ca	sualty Ins Co		24074				
INSU	JRED				к в Ohio Seo			24082				
	3R Technology, LLC			INSURE	RC:							
	5511 1st Ave S			INSURE								
	Seattle		WA 98108-	INSURE	RE:							
				INSURE	RF:							
СО	VERAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES C											
C	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. NSR POLICY EFF POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	ADDL SUE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		· ,	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
							MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000				
							PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:						\$					
в	AUTOMOBILE LIABILITY	x	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
	X ANY AUTO		2,1000102011		00,11,2010	00/11/2020	BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY						PROPERTY DAMAGE \$					
	AUTOS ONEY AUTOS ONEY						(Per accident) \$					
Α	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000						s					
В	WORKERS COMPENSATION		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A	million oup				E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
	DESCRIPTION OF OPERATIONS DElow											
KB	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (BS SOR Plaza Bellevue, LLC dba The Plaza Buildings; The Plaza Buildings; KBS Capital Advisors, LLC; and Transwestern Commercial Services Washington, LC dba Transwestern are listed as additional insured on the General Liability policy per policy wording for written contract on file with insured.											
CE	RTIFICATE HOLDER			CANO	ELLATION			AI 005908				
	KBS SOR Plaza Bellevue, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE c/o Transwestern THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 10900 NE 8th St, Ste 225 AUTHORIZED REPRESENTATIVE											
	Bellevue		WA 98004-		NILLU REPRESE	1	Ben Mish.					

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DATE (MM/DD/YYYY) 05/28/2019

			•		• • •						05/	28/2019	
C	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.												
ľ	f SUE	BROGATION IS W	AIVED, subject f	o the	e tern	TIONAL INSURED, the po ns and conditions of the p ficate holder in lieu of su	oolicy, certa	in polic	cies may requ				
	DUCE	R	0				CONTACT NAME:						
			nce Services ve W Ste 132				PHONE (A/C, No, Ext):	(206)	838-9077	FAX (A/C, No):	206)83	38-9076	
		Seattle				WA 98199-	È-MAIL ADDRESS:						
		Ocallic				WA 30133				DING COVERAGE		NAIC #	
							INSURER A :O	hio Ca	sualty Ins Co			24074	
INS	URED						INSURER B :O	hio Seo	curity Ins Co			24082	
		3R Technolo	0,7				INSURER C :						
		5511 1st Av	e S			M/A 08108	INSURER D :						
		Seattle				WA 98108-	INSURER E :						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:													
			-		_	NOMBER:		то тн					
l (NDIC/ CERT	ATED. NOTWITHST IFICATE MAY BE I	ANDING ANY REC	QUIRE PERT	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CONTRA	ACT OR POLICII	OTHER DOCL	JMENT WITH RESPECT TO	WHICH	I THIS	
INSE	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR NSR TYPE OF INSURANCE ADDL SUBR INSURANCE POLICY NUMBER POLICY EFF INSURANCE POLICY EXP INSURANCE LIMITS												
В	X	COMMERCIAL GENE		X		BLS56732344	06/11	/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
	-									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT								GENERAL AGGREGATE	\$	2,000,000	
	-	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
В				x		DA 050700044	00/44	10040	00/44/0000	COMBINED SINGLE LIMIT	\$ \$	1,000,000	
D	X	ANY AUTO				BAS56732344	06/11	/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			AUTOS ONET							(i el accident)	\$		
А	X	UMBRELLA LIAB	OCCUR			USO56732344	06/11	/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	1,000,000	
		DED X RETENT	10,000 10,000								\$		
В		RKERS COMPENSATIO	TV			BLS56732344	06/11	/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNE		N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES	CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DC1				E9 /*	0000	101, Additional Remarks Schedul	o may bo -#	od if man	o enges la) 24)			
		Jnion Station, LLC				101, Additional Remarks Schedul	e, may be attach	ea ir mor	e space is require	ed)			
Sa	attla I	Inion Station III	and CBRE Inc.	ara li	ctad .	as additional insured on the	e General Lir	bility w	lith respecto	work performed by insure	d nor c	contract	
00					Sieu			ability w	nui respec to	work performed by moure	u per c	onnaci.	
CE	RTIF	ICATE HOLDER	·				CANCELL	ATION				AI 005970	
		Soottla Unio	on Station, LLC							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E			
			In Station, LLC										
		CBRE, Inc. 605 5th Ave S, Ste 110 ACCORDANCE WITH THE POLICY PROVISIONS.											

AUTHORIZED REPRESENTATIVE

Seattle

WA 98104-



DATE (MM/DD/YYYY) 05/00/0040

						05	/28/2019					
C B	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.											
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	terms and conditions of the p	olicy, certain polic	ies may requ							
	DUCER	uie c		CONTACT	•							
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (A/C, No):(206)8	38-9076					
	4005 20th Ave W Ste 132			<u>(A/Ć, No, Ext):</u> (200) E-MAIL ADDRESS:	000 0011	(A/C, NO):(200)0	00 0070					
	Seattle		WA 98199-			RDING COVERAGE	NAIC #					
				INSURER A Ohio Cas			24074					
INSU	URED			INSURER B :Ohio Sec			24082					
	3R Technology, LLC			INSURER C :	,							
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
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 S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000					
В	AUTOMOBILE LIABILITY	x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000					
	X ANY AUTO					BODILY INJURY (Per person) \$						
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$						
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$						
						\$						
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
_	DED X RETENTION \$ 10,000					\$ \$						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
The	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL e certificate holder Colman Properties LP attle, WA 98121 are additional insured wi	, 811	First Avenue, Suite 263, Seattle	e, WA 98104 and G	oodman Rea	a) I Estate Inc. , 2801 Alaskan Wa	y, Suite 310,					
CE	RTIFICATE HOLDER			CANCELLATION			AI 006004					
	Colman Properties, LP c/o Goodman Real Estate, Inc 811 First Ave, Ste 325	2.		SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.	LED BEFORE					
	Seattle		WA 98104-	AUTHORIZED REPRESE		Sen Mich						

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en



DATE (MM/DD/YYYY) 05/28/2019

								05/2	28/2019			
E	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.											
	MPORTANT: If the certificate holder is	s an AD	DITIONAL INSURED, the po	licy(ies	s) must have		L INSURED provisions or	be er	ndorsed.			
	f SUBROGATION IS WAIVED, subject the his certificate does not confer rights to						uire an endorsement. A se	tatem	ent on			
<u> </u>	DUCER	o the ce	ertificate holder in lieu of su	CONTA		•						
	DML Insurance Services			NAME: PHONE	(206)	838-9077	FAX (A/C, No):(2	06)83	8-9076			
	4005 20th Ave W Ste 132			E-MAIL ADDRE	, EXU. /	000 0011	(A/C, No):\≁	00)00	0 0010			
	Seattle		WA 98199-	ADDRE					NAIC #			
				INSURF		sualty Ins Co			24074			
INS	URED				_{R в :} Ohio Seo				24082			
	3R Technology, LLC			INSURE	RC:							
	5511 1st Ave S			INSURE	RD:							
	Seattle		WA 98108-	INSURE	RE:							
				INSURE	RF:							
			TE NUMBER:				REVISION NUMBER:					
II C E	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. NSR POLICY EFF POLICY EFF POLICY EXP											
INSF LTR		ADDL SU	JBR IVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	1,000,000			
								\$	10,000			
								\$	1,000,000 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							Þ	2,000,000			
							PRODUCTS - COMP/OP AGG	Þ 6	2,000,000			
в	OTHER: AUTOMOBILE LIABILITY	x	BAS56732344		06/11/2019	06/11/2020		\$	1,000,000			
	X ANY AUTO		D/(000/02044		00/11/2010	00/11/2020	· /	\$				
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
								\$				
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	۲	1,000,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000			
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION							\$				
в	AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020	▲ STATUTE ER		1 000 000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT	P	1,000,000			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	<u>5</u>	1,000,000			
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	Þ	.,,			
CP	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CPUSI Co-Investment Cayman, LLC and Goodman Real Estate, Inc are named as additional insured on the General Liability with respect to contract on file vith insured. General Liability include Waiver of Subrogation per written contract.											
C.F				CANO					AI 006010			
	CPUSI Co-Investment Cayman, LLC and Goodman Real Estate, Inc. 506 Second Ave, Ste 220											
						1	En Mish	~				

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DATE (MM/DD/YYYY) 05/00/0040

								/28/2019				
E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVEL URA	LY O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTEND OR AL	FER THE CO	VERAGE AFFORDED BY TH	IE POLICIES				
H	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	o the	e terr	ns and conditions of the	policy, certain polic	cies may requ						
	his certificate does not confer rights to	o the	cert	ficate holder in lieu of su	CONTACT	•						
PRC	DML Insurance Services				NAME: PHONE (2006)	838-9077	FAX (A/C, No):(206)8	29.0076				
	4005 20th Ave W Ste 132				(A/C, No, Ext): (200) E-MAIL	030-9077	(A/C, No):(200)0	30-9070				
	Seattle			WA 98199-	ADDRESS:							
					INSURER A :Ohio Ca		RDING COVERAGE	NAIC #				
INS	JRED				INSURER A Ohio Ca			24082				
	3R Technology, LLC				INSURER C :			24002				
	5511 1st Ave S				INSURER D :							
	Seattle			WA 98108-	INSURER E :							
					INSURER F :							
CC	VERAGES CER	TIFIC	CATE	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.											
INSF	INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DD/YYYY) LIMITS											
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
							MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000				
	POLICY PRO- JECT LOC OTHER:						PRODUCTS - COMP/OP AGG \$	2,000,000				
в	AUTOMOBILE LIABILITY	X		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
							BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)					
							\$					
А	X UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE	-					AGGREGATE \$	1,000,000				
<u> </u>	DED X RETENTION \$ 10,000						\$ X PER OTH-					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	4 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
FSI Cal and insi	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SP-RIC, LLC and The Northwestern Mutual Life Insurance Company, The State of California Public Employees' Retirement System, an agency of the State of alifornia, CommonWealth Parnters Management Services, L.P., Fifth Street Properties, LLC, National Office Partners, LLC, CWP Capital Management, LLC ad their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors and assignees are additional sureds on the general liability per policy wording attached. The coverage under this policy is primary insurance with regard to work performed by or at the rection of 3R Technology.											
CF	RTIFICATE HOLDER				CANCELLATION			AI 006119				
	FSP-RIC, LLC 1301 2nd Avenue, Ste 730				SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.	LED BEFORE				
	Seattle			WA 98101-	AUTHORIZED REPRESE		En Mich					

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DATE (MM/DD/YYYY) 05/28/2019

									00/	20/2019		
C B	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.											
IN If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an A o the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ					
-	nis certificate does not confer rights to	b the	cert	ficate holder in lieu of su	Ch end		•					
PRO	DUCER DML Insurance Services				NAME:	-						
	4005 20th Ave W Ste 132				PHONE (A/C, N	<u>, Ext): (200)</u>	838-9077	FAX (A/C, No):(2	06)83	38-9076		
	Seattle			WA 98199-	È-MAIL ADDRE	SS:						
	Ocallic			WA 50155		IN	SURER(S) AFFOR	NDING COVERAGE		NAIC #		
					INSUR	RA:Ohio Ca	sualty Ins Co			24074		
INSL	JRED					RB:Ohio Se				24082		
	3R Technology, LLC											
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE	RD:						
	Sealle			WA 90100-	INSURE	RE:						
					INSUR	RF:						
<u> </u>	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:				
IN C E	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 TYPE OF INSURANCE MADD NSD WND POLICY NUMBER POLICY EFF POLICY EXP LIMITS LIMITS											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR					00,10,2010	00/11/2020	DAMAGE TO RENTED	\$	1,000,000		
										10,000		
	<u> </u>								\$	1,000,000		
]								\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG		2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY	Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONEY AUTOS ONEY							()	\$			
А	X UMBRELLA LIAB			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB OCCUR					00,11,2010	00/11/2020			1,000,000		
									\$	1,000,000		
В	DED A RETENTION \$ 10,000			DL 050700044		00/44/0040	00/44/0000		\$			
P	AND EMPLOYERS' LIABILITY Y/N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		4 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Plaz	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Plaza 600 LLC, Joshua Green Corporation, and Urban Renaissance Property Company, LLC are included as Additional Insured as respect to General Liability coverage per written contract on file with insured.											
					CAN/					AI 006184		
	Plaza 600, LLC c/o Urban Renaissance Property Company, LLC 1600 7th Ave, Ste 1800											
							D	En Mich	~			

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DATE (MM/DD/YYYY) 05/28/2019

		/									20/2019	
C B	ERTI	ERTIFICATE IS ISSUED AS A FICATE DOES NOT AFFIRMAT V. THIS CERTIFICATE OF INS SENTATIVE OR PRODUCER, AN	IVEL JRAI	Y O NCE	R NEGATIVELY AMEND	, EXTE		FER THE CO	VERAGE AFFORDED BY	(THI	E POLICIES	
lf	SUBR	TANT: If the certificate holder is ROGATION IS WAIVED, subject t rtificate does not confer rights to	o the	tern	ns and conditions of the	policy,	certain polic	cies may requ				
<u> </u>	DUCER					CONTA	,	-				
	2002.0	DML Insurance Services				NAME: FAX: PHONE (AC, No. Ext): (AC, No. Ext): (206)838-9077					8 0076	
		4005 20th Ave W Ste 132				E-MAIL				10):(200)000 0010		
		Seattle			WA 98199-	ADDRE						
									RDING COVERAGE			
								sualty Ins Co			24074	
INSU	IRED					INSURE	_{R в :} Ohio Seo	curity Ins Co			24082	
		3R Technology, LLC				INSURE	RC:					
		5511 1st Ave S				INSURE	RD:					
		Seattle			WA 98108-	INSURE	RE:					
						INSURE	RF:					
CO	VERA	GES CER	TIFIC	ATE	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 TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											I THIS	
INSR POLICY EFF POLICY EXP												
LTR		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD X	WVD	POLICY NUMBER		(MM/DD/YYYY)				1 000 000	
P			^		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED		1,000,000	
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$		1,000,000	
									MED EXP (Any one person) \$		10,000	
	L								PERSONAL & ADV INJURY \$		1,000,000	
	GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000	
	F								PRODUCTS - COMP/OP AGG \$		2,000,000	
		OTHER:							\$	i		
В	AUTO	MOBILE LIABILITY	Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)		1,000,000	
	XA	ANY AUTO					00, 1.1, 2010	00/11/2020	BODILY INJURY (Per person) \$			
	9	SCHEDULED							BODILY INJURY (Per accident) \$			
	F	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE \$			
	A	AUTOS ONLY AUTOS ONLY							(Per accident) \$			
A	Χι	JMBRELLA LIAB			110050700044		00/44/0040	00/11/2020			1,000,000	
					USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$, ,	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		1,000,000	
		DED X RETENTION \$ 10,000							\$ X PER OTH-			
В		ERS COMPENSATION MPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		ROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$		1,000,000	
	(Manda	atory in NH)							E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
	DESCF	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000	
Leg	acy Pa	ON OF OPERATIONS / LOCATIONS / VEHICL artners II Seattle PI, LLC & Legacy Certificate Holders and Additional I	/ Part	ners	Commercial, L.P. and its a	affiliates	s, subsidiarie	s, successors	, directors, officers, employ			
<u> </u>						CAN					AI 006330	
Legacy Partners II, LLC and Should Any of the Above described Policies be Cancelled before Legacy Partners Commercial, L.P. 200 W Mercer St, Ste 106												
						AUTHORIZED REPRESENTATIVE Ben Mish						

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DATE (MM/DD/YYYY) 05/28/2019

C E		CERTIFICATE IS ISSUED AS A I FICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	END OR AL	FER THE CO	VERAGE AFFORDED BY	E HOI (THE	POLICIES
ll lf	MPOR SUB	TANT: If the certificate holder is ROGATION IS WAIVED, subject t	an A o the	DDI tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ			
	DUCER	rtificate does not confer rights to DML Insurance Services 4005 20th Ave W Ste 132	o the	certi	ficate holder in lieu of su	Ch end CONTA NAME: PHONE (A/C, No E-MAIL	ст	838-9077	FAX (A/C, No):(20	06)83	8-9076
		Seattle			WA 98199-	ADDRE	SS: IN	surer(s) AFFOR	RDING COVERAGE		NAIC # 24074
INSU	JRED	3R Technology, LLC					_{R в :} Ohio Seo			4	24082
		5511 1st Ave S Seattle			WA 98108-	INSURE	RE:				
		AGES CER	TIEIC	· ^ TC	NUMBER:	INSURE	RF:		REVISION NUMBER:		
		TO CERTIFY THAT THE POLICIES C									
II C E	NDICA ERTIF XCLU	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH I	UIRE PERT POLIC	MEN ⁻ AIN, IES.	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	ANY CO DED BY	ONTRACT OR THE POLICII EDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO W	/HICH	THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000 1,000,000
									MED EXP (Any one person) \$		10,000
									PERSONAL & ADV INJURY \$		1,000,000
		L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$		2,000,000 2,000,000
В	AUTO	OMOBILE LIABILITY ANY AUTO	х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$		1,000,000
		OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
A					USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000
		EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000							AGGREGATE \$		1,000,000
В	AND I ANY F	KERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A		BLS56732344 WA Stop Gap		06/11/2019	06/11/2020	X PER STATUTE OTH- ER E.L. EACH ACCIDENT \$		1,000,000
	(Mano	datory in NH) describe under RIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		1,000,000 1,000,000
Leg	acy P	on of operations / locations / vehicl artners I Seattle Second, LLC & Le re certificate holders, & additional in	egacy	Par	tners Commercial, L.P. and	d its aff	iliates, subsid	diaries, succe	ssors, directors, officers, em		
CE	RTIFI	CATE HOLDER				CANO	ELLATION				AI 006331
CERTIFICATE HOLDER CANCELLATION AI 0063 Legacy Parnters I Seattle Second, LLC and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Legacy Parnters Commercial, L.P. 200 W Mercer St, Ste 106											
	200 W Mercer St, Ste 106 Seattle WA 98119- AUTHORIZED REPRESENTATIVE Ben Might										

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DATE (MM/DD/YYYY) 05/28/2019

									5/20/2019			
C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	.Y O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	END OR AL	FER THE CO	VERAGE AFFORDED BY T	HE POLICIES			
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an A o the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ					
th	nis certificate does not confer rights to	the	certi	ificate holder in lieu of su			•					
PRO	DUCER DML Insurance Services				CONTA NAME:							
	4005 20th Ave W Ste 132				PHONE (A/C. No	p. Ext): (206)	838-9077	FAX (A/C, No):(206)	838-9076			
	Seattle			WA 98199-	È-MAIL ADDRE	SS:						
	Counto					IN	SURER(S) AFFOR	ING COVERAGE	NAIC #			
					INSURER A : Ohio Casualty Ins Co							
INSU	JRED					R в :Ohio Seo			24082			
	3R Technology, LLC				INSURE		-					
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
					INSURE							
ററ	VERAGES CER	TIFIC		ENUMBER:	INSURE	кг.		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO TH			PERIOD			
IN C E	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIRE PERT POLIC	MEN AIN, CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	ANY CO DED BY	ONTRACT OR THE POLICII EDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO WHI	CH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000			
	OTHER:							\$				
в	AUTOMOBILE LIABILITY	х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000			
	X ANY AUTO			2,1000102011		00/11/2010	00,11,2020	BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident) \$				
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1.000.000			
	DED X RETENTION \$ 10,000							AGGREGATE \$.,			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2010	00/11/2020	E.L. EACH ACCIDENT \$	1,000,000			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	If yes, describe under							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT 5	.,,			
TM emp	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL T Queen Anne Square, Inc; Stockbridge ployees and agents are certificate holder icy wording is attached.	Capi	tal G	roup, LLC; Legacy Partner	rs Com	mercial, Inc.	and its affiliate	es, subsidiaries, successors, d	irectors, officers, /A. 98119.			
CE					C.A.N.				AI 006332			
	TMT Queen Anne Square, Inc; Stockbridge Capital Group, LLC Legacy Partners Commercial, Inc. 200 W Mercer St. Ste 106											
	Seattle			WA 30113-	Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

E	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS	IVEI URA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITU), EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED BY T	HE POLICIES			
	REPRESENTATIVE OR PRODUCER, AI IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	s an <i>l</i> to the	ADDI e tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	ies may requ					
<u> </u>	RODUCER		0011		CONTA	()	•					
	DML Insurance Services				NAME: PHONE	- (206)	838-9077	FAX (A/C, No):(206)	838-9076			
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	, EXU . ()		(A/C, NO):(=00)				
	Seattle			WA 98199-	ADDRE				NAIC #			
						24074						
	SURED				INSURER A :Ohio Casualty Ins Co INSURER B :Ohio Security Ins Co							
	3R Technology, LLC								24082			
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
	Count				INSURE							
		TIEL	- A T	ENUMBER:	INSURE	RF:						
		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.											
INSF	R	ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS				
LTR	X COMMERCIAL GENERAL LIABILITY		WVD	BLS56732344		• •	(MM/DD/YYYY) 06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR					00/11/2010	00/11/2020	DAMAGE TO RENTED	1,000,000			
								PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	10,000			
									1,000,000			
									2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
								PRODUCTS - COMP/OP AGG \$	2,000,000			
в	AUTOMOBILE LIABILITY	x		DA 050700044		00/44/0040	00/44/0000	COMBINED SINGLE LIMIT &	1,000,000			
Р	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$	1,000,000			
	OWNED SCHEDULED											
	AUTOS ONLY AUTOS HIRED NON-OWNED											
	AUTOS ONLY AUTOS ONLY							(Per accident)				
A								\$	1 000 000			
				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$	1,000,000			
B	UDED X RETENTION \$ 10,000							¥ PER OTH-				
в	AND EMPLOYERS' LIABILITY Y/N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	4 000 000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
120	escription of operations / locations / vehic escription of operations / locations / vehic (01 TAB Owner, LLC, Wright Runstad & 0 ptioned policies with respect to the work	Comp	any a	and Wright Runstad Assoc	ile, may be iates Lir	e attached if mor nited Partnel	e space is require rship are adde	ed) ed as additional insureds on th	e above			
									AL 0000 :-			
CE	ERTIFICATE HOLDER					ELLATION			AI 006343			
	1201 TAB Owner, LLC c/o Wright Runstad & Compa Attn: Property Manager	iny			THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D Y PROVISIONS.				
	1201 3rd Ave, Ste 520 Seattle			WA 98101-	AUTHORIZED REPRESENTATIVE Ben Mich							

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DATE (MM/DD/YYYY) 05/28/2019

								_	05/	28/2019			
C E	HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.												
	•				licv(ie	s) must have		I INSURED provisions o	r he ei	ndorsed			
lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	e terr	ns and conditions of the p	oolicy,	certain polic	ies may requ						
<u> </u>	DUCER				CONTACT NAME:								
	DML Insurance Services				NAME: FAX PHONE (A/C, No. Ext): (A/C, No. Ext): (206)838-9077								
	4005 20th Ave W Ste 132				È-MÁIL	U, EXU . ()		(A/C, N0):\-	_00)00				
	Seattle			WA 98199-	ADDRE					NAIC #			
					INSURE		24074						
INSI	RED					ER B :Ohio Sec				24082			
	3R Technology, LLC				INSURE					21002			
	5511 1st Ave S				INSURE								
	Seattle			WA 98108-	INSURE								
					INSURE								
co	VERAGES CEF	TIFI	CATE	E NUMBER:	INSORI	<u>. N F .</u>		REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				BEEN IS	SUED TO TH			ICY PE	ERIOD			
C E	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	PER1 POLI(TAIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE PAID CLAIMS.						
INSR LTR	NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP LIMITS												
в	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
								MED EXP (Any one person)	\$	10,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000			
в	AUTOMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS							· · · · ·	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000			
	DED X RETENTION \$ 10,000								\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
Col owr	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Jimbia Center Property LLC, Beacon Ca ers and the Agents and their officers, o 7 01 12), with respect to contract on fil	pital fficial	Strat s, en	egic Partners IV, L.P., BCS ployees, agents and volun	P IV P teers a	roperty Mana re named as	gement LLC, additional ins	CAC Real Estate Manage ureds with with waiver of s					
					CAN	CELLATION				AI 006802			
	Plaza East Property LLC c/o CBRE, Inc., ATTN: Chris 701 5th Avenue, Suite 4150 Seattle	ophe	r Mcl	Ham WA 98104-	SHC THI ACC	OULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		LED BEFORE			
	Stallt			VVA 90104-			E	Sen Mist	2.				

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DATE (MM/DD/YYYY) 05/28/2019

								—	05/	28/2019	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE 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.											
II If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	s an <i>l</i> to the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	cies may requ				
	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su	Ch end		•				
PRO	DUCER DML Insurance Services				NAME: PHONE	-		FAX (a			
	4005 20th Ave W Ste 132				(A/C, No, Ext): (200)030-9077 (A/C, No):(200)03					8-9076	
	Seattle			WA 98199-	È-MÀIL ADDRE	SS:					
								NDING COVERAGE		NAIC #	
							sualty Ins Co			24074	
INSU	IRED				INSURE	_{R B :} Ohio Seo	curity Ins Co			24082	
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
со	VERAGES CEF	RTIFI	CATI	E NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES										
C E	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER1 POLIC	TAIN, CIES.	THE INSURANCE AFFORE	DED BY	THE POLICII EDUCED BY I	ES DESCRIBE PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE		SUBF WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344			06/11/2020		\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								· · · · ·	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
									\$	2,000,000	
									\$		
в		x		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
[X ANY AUTO			57000102044		00/11/2015	00/11/2020	· · · ·	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE						00, 1, 2020		<u>v</u> \$	1,000,000	
	DED X RETENTION \$ 10,000	1							<u>\$</u> \$, ,	
в	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	Y PER OTH-	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2010	00/11/2020		\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Cap				E.L. DISEASE - EA EMPLOYEE	*	1,000,000	
	If yes, describe under									1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$.,	
DES	⊥ CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A) 0 101. Additional Remarks Schedul	le. mav be	attached if mor	e space is require	ed)			
	certificate holder is additional insured						o opaco io ioquii				
					CANC					AI 006865	
	RTIFICATE HOLDER					ELLATION					
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CAI	NCELI	ED BEFORE	
	Lynden Incorporated and Aff		6					EREOF, NOTICE WILL BI	E DEI	IVERED IN	
	Paul Butler and Chelsey Oki	no				URDANCE W	ITH THE POLIC	Y PROVISIONS.			
	18000 International Blvd							0 0.00	1		
	Seattle			WA 98188-	AUTHORIZED REPRESENTATIVE Ben Migh						
					Den Illion						

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DATE (MM/DD/YYYY) 05/28/2019

	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y OR NEGATIVELY AMEND NCE DOES NOT CONSTITUT	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED B	e ho Y th	E POLICIES
II If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	an A o the	DDITIONAL INSURED, the po terms and conditions of the p	oolicy, certain polic	ies may requ			
	DDUCER			CONTACT NAME:				
	DML Insurance Services			DURNE	838-9077	FAX (A/C, No):(2	206)83	8-9076
	4005 20th Ave W Ste 132		M/A 00400	E-MAIL ADDRESS:		- (A/C, NO).(-	,	
	Seattle		WA 98199-			RDING COVERAGE		NAIC #
				INSURER A Ohio Cas				24074
INSI	URED			INSURER B :Ohio See				24082
	3R Technology, LLC							21002
	5511 1st Ave S			INSURER C :				
	Seattle		WA 98108-	INSURER D :				
				INSURER E :				
	VERAGES CER	TIFIC	ATE NUMBER:	INSURER F :		REVISION NUMBER:		1
<u> </u>	HIS IS TO CERTIFY THAT THE POLICIES O			BEEN ISSUED TO TH	E INSURED NA			RIOD
	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIREI PERT.	MENT, TERM OR CONDITION OF AIN, THE INSURANCE AFFORD	ANY CONTRACT OR DED BY THE POLICI	OTHER DOCU	JMENT WITH RESPECT TO \	NHICH	I THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2020		\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
						, , , ,	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
в	AUTOMOBILE LIABILITY	х	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		5/(000/02044	00/11/2010	00/11/2020	· /	\$	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020		\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			00, 11,2010	00, 1, 2020		<u>v</u> \$	1,000,000
	DED X RETENTION \$ 10,000						<u>v</u>	
в	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00,11,2010	00/11/2020		\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	<u>р</u>	1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICI LIMIT	φ	,
Any Ass	cRIPTION OF OPERATIONS / LOCATIONS / VEHICL and all operations of the Named Insure sets Trust, Inc., American Assets Trust, L	d. Pro P, Ar	operty Ownership Entity(ies), Ar merican Assets Trust Managem	nerican	e space is require	ed)		
	uded as additional insureds per the attac urance companies waive their rights of su			reds.				
	insurance is provided on a primary and n							
<u> </u>								AI 006889
				CANCELLATION				A 000009
				SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELI	ED BEFORE
	AAT CC Bellevue, LLC			THE EXPIRATION	ON DATE TH	EREOF, NOTICE WILL B		
	American Trust Management,	LLC		ACCORDANCE W	TH THE POLIC	Y PROVISIONS.		
	11455 El Camino Real							
	Suite 200		CA 02120	AUTHORIZED REPRESE	NTATIVE	D m-1	7	
	San Diego		CA 92130-			Sen Mish		
	1				9	VIL		
				© 19	88-2015 AC	ORD CORPORATION. A	ll riał	nts reserved.

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DATE (MM/DD/YYYY) 05/28/2019

						_			05/	28/2019	
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVE SURA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED E	зү тн	E POLICIES	
IN If	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	s an to the	ADDI e terr	TIONAL INSURED, the po ns and conditions of the	policy,	certain poli	cies may requ				
	is certificate does not confer rights	to the	cert	ificate holder in lieu of su	Ch end						
PRO	DUCER DML Insurance Services				NAME:						
	4005 20th Ave W Ste 132				PHONE (A/C, No, Ext): (206)838-9077 FAX (A/C, No, Ext): (206)838-9076						
	Seattle			WA 98199-	E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	RA Ohio Ca	sualty Ins Co			24074	
INSU	RED				INSURE	R в :Ohio Se	curity Ins Co			24082	
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE						
со	VERAGES CE	RTIFI	CATE	E NUMBER:				REVISION NUMBER:			
Т	HIS IS TO CERTIFY THAT THE POLICIES				BEEN IS	SUED TO TH	E INSURED NA	MED ABOVE FOR THE POL	ICY PI	ERIOD	
C E	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER ⁻ POLI	TAIN, CIES.	THE INSURANCE AFFORE	DED BY	THE POLICI EDUCED BY	ES DESCRIBE PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
									\$,,	
В				BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO			DA300732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$.,	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
								(Per accident)	\$		
A				110050700044		00/44/0040	00/44/0000			1 000 000	
A				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$	1,000,000	
_	DED X RETENTION \$ 10,00	<u> </u>						X PER OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under	1						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (/	ACORE	0 101, Additional Remarks Schedul	le, may be	e attached if mo	re space is require	ed)			
										AL 000000	
						ELLATION				AI 006903	
	EVIDENCE OF INSURANC	≣			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				-	AUTHO	RIZED REPRESI		n an.	1		
					AUTHORIZED REPRESENTATIVE Ben Migh						

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DATE (MM/DD/YYYY) 05/28/2019

	THIS CERTIFICATE IS ISSUED AS A N CERTIFICATE DOES NOT AFFIRMAT								ГЕ НС	-
В	SELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	JRA	NCE	DOES NOT CONSTITUT						
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to	o the	e terr	ns and conditions of the	policy,	certain polic	cies may requ			
	his certificate does not confer rights to	the	certi	ificate holder in lieu of su	CONTA					
PRO	DDUCER DML Insurance Services				NAME: PHONE		~~~~~	FAX		
	4005 20th Ave W Ste 132				A/C, No E-MAIL	p, Ext): (206)	838-9077	FAX (A/C, No):(206)83	38-9076
	Seattle			WA 98199-	ADDRE	SS:				1
								RDING COVERAGE		NAIC #
							sualty Ins Co			24074
INSU	URED				INSURE	_{R в :} Ohio Se	curity Ins Co			24082
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES O									
C	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN, CIES.	THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIBE			-
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
в		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			2,1000102011		00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE					00,11,2010	00/11/2020	AGGREGATE	φ \$	1,000,000
	DED X RETENTION \$ 10,000							AGGREGATE	<u>э</u> \$.,
в	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH-	φ	
[AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2015	00/11/2020		\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N / A		WA Stop Gap				E.L. EACH ACCIDENT		1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DEC	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	E6 /*	COPT) 101 Additional Pamarka Sakadu	la marite	attachad if mar	a spaco is roguin			
Mcł	Kinney Vehicle Services, Inc./JT McKinne	ey Co	ompa	any, Inc. are named as add	litional i	nsured and I	oss payee for	Commercial General Liab		
	d Trailer Physical Damage, Comprehensi	ve D	educ	tible \$500/Collision Deduct	tible \$5	00/Maximum	Coverage for	r Trailer Physical Damage	Per O	occurence Is
Act	ual Cash Value.									
										AL 007405
CE						ELLATION				AI 007165
CERTIFICATE HOLDER CANCELLATION McKinney Vehicle Services Should any of the above described policies be can the expiration date thereof, notice will be accordance with the policy provisions. JT McKinney Co., Inc. 8400 E. Slauson Ave										
	Pico Rivera			CA 90600-	AUTHO	RIZED REPRES		D am-	1	
							F	En Mist	2	
1	1				I		4	OIL ITED	03	

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DATE (MM/DD/YYYY) 05/28/2019

					•••••		05/28/2019		
C B	HIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	IVELY (JRANC	OR NEGATIVELY AMEND E DOES NOT CONSTITUT	, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED BY 1	HE POLICIES		
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	an ADE o the te	DITIONAL INSURED, the po rms and conditions of the p	oolicy, certain polic	cies may requ				
<u> </u>	DUCER		tineate noider in neu or su	CONTACT	•				
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (A/C, No):(206)	838-0076		
	4005 20th Ave W Ste 132			E-MÁIL	000 0011	(A/C, No):\200,	000 0010		
	Seattle		WA 98199-	ADDRESS:			NAIC #		
				INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					
INCI	JRED						24074 24082		
INSC				INSURER B Ohio Sec			24002		
	3R Technology, LLC 5511 1st Ave S			INSURER C :					
	Seattle		WA 98108-	INSURER D :					
	Count			INSURER E :					
	VERAGES CER	TIFICAT	TE NUMBER:	INSURER F :		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES O	-							
	NDICATED. NOTWITHSTANDING ANY REQ SERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIREME PERTAIN	NT, TERM OR CONDITION OF N, THE INSURANCE AFFORD	ANY CONTRACT OR DED BY THE POLICIE	OTHER DOCU	JMENT WITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344		06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
						MED EXP (Any one person) \$	10,000		
						PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000		
						PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:					\$			
в	AUTOMOBILE LIABILITY		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	1,000,000		
[X ANY AUTO		DA330732344	00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person) \$,,		
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE &			
	AUTOS ONLY AUTOS ONLY					(Per accident) \$			
A			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE			00,11,2010	00/11/2020	AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000					AGGREGATE \$.,,		
в	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00/11/2013	00/11/2020		1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				1,000,000		
	If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT 5	.,		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL		DD 404 Additional Domarka Cabadul	a may be attached if man					
	: Yarmuth Wilsdon PLLC	L3 (ACO)	Autonal Remarks Schedul	e, may be attached if mor	e space is require	eu)			
				• • • • • • • • • • • • •			AL 007000		
CE	RTIFICATE HOLDER			CANCELLATION			AI 007399		
	Schnitzer West, LLC 11820 Northrup Way, Ste E30	00		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Bellevue		WA 98005-	AUTHORIZED REPRESENTATIVE D GM-1					
						En Mish.			

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DATE (MM/DD/YYYY) 05/28/2019

							•••••	_	05/28/2019		
(E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	TIVEI SURA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	END OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES		
	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	s an /	ADDI	TIONAL INSURED, the po							
t	his certificate does not confer rights	o the	certi	ificate holder in lieu of su		()					
PRO	DDUCER DML Insurance Services				CONTACT NAME: PHONE PHONE PHONE PHONE (A/C NO)-(206)838-9077 (A/C NO)-(206)838-9076						
	4005 20th Ave W Ste 132				PHONE (A/C, N	6)838-9076					
	Seattle			WA 98199-	È-MAIL ADDRE	SS:					
	Counto			W/(00100		IN	SURER(S) AFFO	RDING COVERAGE	NAIC #		
					INSURER A : Ohio Casualty Ins Co						
INS	URED				INSURE	R в :Ohio Se	curity Ins Co		24082		
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
СС	VERAGES CEI	RTIFI	CATE	E NUMBER:				REVISION NUMBER:			
1	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY	QUIRE	MEN	T, TERM OR CONDITION OF	ANY C	ONTRACT OR	OTHER DOCL	JMENT WITH RESPECT TO WH	IICH THIS		
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN R			Ι			
	I YPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							\$			
В		X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
								\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
Wit S.H Ins	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC h respect to: 351, 401 & 501 Elliott Ave (. Koehler & Company, dba Koehler & C urance is primary and waiver of subroga brella policy follows forms unless speci	W, Se ompa ation a	eattle any et applie	e, WA 98119; the below cer t al are additional insured a es.	tificate	holder and \$	SIR Seattle Ll	ed) ∟C, Reit Mananagement & Re	esearch LLC and		
CF	RTIFICATE HOLDER				CAN	ELLATION			AI 007502		
	SIR Seattle LLC and Reit Ma c/o Koehler & Company 1924 First Ave #300	inage	ment	& Research LLC	SHC THI ACC	OULD ANY OF E EXPIRATIO CORDANCE W	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE Y PROVISIONS.			
	Seattle			WA 98101-	AUTHO	RIZED REPRESE		En Mich			

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DATE (MM/DD/YYYY) 05/28/2019

										05/2	28/2019
	CERT BELO	CERTIFICATE IS ISSUED AS A TFICATE DOES NOT AFFIRMA W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, A		Y OF ICE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED B	Y THE	E POLICIES
I	MPOF f SUB	RTANT: If the certificate holder i BROGATION IS WAIVED, subject	s an A to the	DDIT term	FIONAL INSURED, the po is and conditions of the p	oolicy,	certain polic	ies may requ			
		ertificate does not confer rights t	o the c	ertit	licate holder in lieu of su	CONTA	()	•			
PR	DUCE	DML Insurance Services				NAME: PHONE	-		FAX		
		4005 20th Ave W Ste 132				(A/C, No, Ext): (200)030-9077 (A/C,				206)83	38-9076
		Seattle			WA 98199-	È-MÁIL ADDRES	SS:				
						INSURER(S) AFFORDING COVERAGE					NAIC #
								sualty Ins Co			24074
INS	URED					INSURE	_{R B :} Ohio Seo	curity Ins Co			24082
		3R Technology, LLC				INSURE	RC:				
		5511 1st Ave S				INSURE	RD:				
		Seattle			WA 98108-	INSURE	RE:				
						INSURE	RF:				
CC	VER	AGES CEF	RTIFIC	ATE	NUMBER:				REVISION NUMBER:		
	NDICA CERTI	S TO CERTIFY THAT THE POLICIES (ATED. NOTWITHSTANDING ANY REC IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	QUIREN PERTA POLICI	/IENT AIN, 1 IES. L	, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO ED BY	ONTRACT OR THE POLICIE EDUCED BY F	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	I THIS
INSI	र १	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
в	AUT	OMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			2/1000/02011		00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
А	X	UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	Ψ	1,000,000
		DED X RETENTION \$ 10,000							AGGREGATE	\$	
в	WOR	RKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH-	Ψ	
	AND	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap			55,11,2020	STATUTE ÉR E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A		WA Olup Oap				E.L. DISEASE - EA EMPLOYEE	Ψ	1,000,000
	If yes	s, describe under								Ψ	1,000,000
	DESC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$.,
DE1		ION OF OPERATIONS / LOCATIONS / VEHIC		2000	101 Additional Demonto Cabadul		attacked if was		(h.		
		ner, it's affiliates, directors, partners								ding b	out not limited
		s, Dexter Horton Building, LLC, Ge									
		DI, Inc., Gerding/Edlen Developme of Subrogation applies. SHOULD A									
		R AFFORDING COVERAGE WILI									
		E TO DO SO SHALL IMPOSE NO									
CE	RTIF	ICATE HOLDER				CANC	ELLATION				AI 007554
		Dexter Horton Building, LLC							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B		
		CBRE, Inc.							Y PROVISIONS.	L	
		710 Second Avenue, Suite 1	508								

Seattle

WA 98104-

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 05/28/2019

									03/2	20/2019		
C B	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.											
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an A o the	DDI1	FIONAL INSURED, the po is and conditions of the	policy,	certain polic	ies may requ					
_	his certificate does not confer rights to	o the	certi	ficate holder in lieu of su	Ch end		•					
PRO	DDUCER DML Insurance Services				NAME:	,		FAX				
	4005 20th Ave W Ste 132				PHONE (206)838-9077 FAX (A/C, No):(206)83					8-9076		
	Seattle			WA 98199-	É-MÁIL ADDRESS:							
					INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURE	RA Ohio Cas	sualty Ins Co		4	24074		
INSU	URED				INSURER B :Ohio Security Ins Co					24082		
	3R Technology, LLC											
	5511 1st Ave S				INSURER C : INSURER D :							
	Seattle			WA 98108-								
					INSURER E : INSURER F :							
	VERAGES CER	TIEIC	• ^ TE	NUMBER:	INSURE	RF:		REVISION NUMBER:				
				-						RIOD		
IN C E	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				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000		
								MED EXP (Any one person) \$		10,000		
								PERSONAL & ADV INJURY \$		1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000		
								PRODUCTS - COMP/OP AGG \$		2,000,000		
в		х		DA 856720244		06/11/2010	06/11/2020	COMBINED SINGLE LIMIT		1,000,000		
Ľ	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	(Ea accident) ■ BODILY INJURY (Per person) \$		1,000,000		
	OWNED SCHEDULED											
	AUTOS ONLY AUTOS HIRED NON-OWNED											
	AUTOS ONLY AUTOS ONLY							(Per accident) Ψ				
_								\$				
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		1,000,000		
	DED X RETENTION \$ 10,000							\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		WA Stop Gap				E.L. EACH ACCIDENT \$		1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)				
The	e certificate holder is included as an Addi	tiona	l Insu	red as required by written	contrac	t on file with	the Named Ir	nsured.				
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 007562		
	Corbis 710 2nd Ave, Ste 200					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Seattle			WA 98199-				0 0 1				
	Coattio			WA 00100-		RIZED REPRESE	INTATIVE	2 mil				
	Ben Mich											

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DATE (MM/DD/YYYY) 05/28/2019

					_			05	/28/2019			
E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA DELOW. THIS CERTIFICATE OF INS CEPRESENTATIVE OR PRODUCER, A	URANC	OR NEGATIVELY AMEND CE DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	ЗҮ ТН	IE POLICIES			
11	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer rights t	s an AD to the te	DITIONAL INSURED, the po erms and conditions of the p	policy,	, certain polic	ies may requ						
	DUCER	o the ce	ertificate noider in lieu of su	CONTAG		•						
	DML Insurance Services			NAME: PHONE	(206)	838-9077	FAX (206/0	38-9076			
	4005 20th Ave W Ste 132			(A/C, No È-MAIL	, EXU . (/	030-9011	(A/C, No):\	200)0	38-9070			
	Seattle		WA 98199-	ADDRES					NAIC #			
				INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					24074			
INS	JRED				RB:Ohio Sec				24082			
	3R Technology, LLC			INSURE		,						
	5511 1st Ave S			INSURE								
	Seattle		WA 98108-	INSURE								
				INSURE	RF:							
CO	VERAGES CEF	TIFICA	FICATE 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.											
INSF	TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	(06/11/2019		EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
							MED EXP (Any one person)	\$	10,000			
							PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:						COMBINED SINGLE LIMIT	\$	4 000 000			
В			BAS56732344	(06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$				
	AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$				
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$ \$				
A	X UMBRELLA LIAB		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
· ·	EXCESS LIAB OCCUR CLAIMS-MADE		00000702044		50/11/2015	00/11/2020	AGGREGATE	ծ Տ	1,000,000			
	DED X RETENTION \$ 10,000	1 1					AGGREGATE	\$, ,			
В	WORKERS COMPENSATION		BLS56732344	(06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ψ				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	ORD 101, Additional Remarks Schedul	le, may be	attached if mor	e space is require	ed)					
CE	RTIFICATE HOLDER				ELLATION				AI 007583			
	Seattle City Light 700 5th Avenue Seattle	WA 98104-	THE	EXPIRATION	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.						
	Seattle		WA 98104-	04- AUTHORIZED REPRESENTATIVE Ben Mis								

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DATE (MM/DD/YYYY) 05/28/2019

							_	05/	28/2019			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
IN If	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights t	s an AD to the t	DITIONAL INSURED, the po erms and conditions of the p	policy,	certain polic	ies may requ						
	DUCER			CONTA NAME:	()							
	DML Insurance Services			PHONE (A/C, No, Ext); (206)838-9077 FAX (A/C, No):(206)838					38-9076			
	4005 20th Ave W Ste 132 Seattle		WA 98199-	È-MÁIL ADDRE	SS:							
	Seallie		WA 30133-	INSURER(S) AFFORDING COVERAGE					NAIC #			
				INSURE	RA:Ohio Cas	sualty Ins Co			24074			
INSU	JRED			INSURE	_{R B :} Ohio Seo	curity Ins Co			24082			
	3R Technology, LLC			INSURE	RC:							
	5511 1st Ave S			INSURE	RD:							
	Seattle		WA 98108-	INSURE	RE:							
				INSURE	RF:							
							REVISION NUMBER:					
IN C	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 SU	JBR (VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344			06/11/2020	EACH OCCURRENCE \$;	1,000,000			
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5	1,000,000			
							MED EXP (Any one person) \$;	10,000			
							PERSONAL & ADV INJURY \$;	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	;	2,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$		2,000,000			
В	AUTOMOBILE LIABILITY		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	;	1,000,000			
							BODILY INJURY (Per person) \$	5				
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	;				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	5				
							\$	5				
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	5	1,000,000			
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE \$;	1,000,000			
D	DED X RETENTION \$ 10,000		DI 050700044		00/44/0040	00/11/0000	¥ PER OTH-	5				
в	AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020	A STATUTE ER		1,000,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	-	1,000,000			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$		1,000,000			
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$)	1,000,000			
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		DRD 101, Additional Remarks Schodul	le, may by	attached if mor	e space is require	(he					
DLO			SND 101, Additional Remarks Ochedul	ie, may be		e apace la require	su)					
CE	RTIFICATE HOLDER			CANO	ELLATION				AI 007843			
	CompuCom 11900 NE 1st St., Suite 200		WA 20005	ТНЕ	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		-			
	Bellevue		WA 98005-	AUTHO	RIZED REPRESE	INTATIVE	D m-1					
						D	En Mish	3				

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DATE (MM/DD/YYYY) 05/28/2019

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C B	HIS CERTIFICATE IS ISSUED AS A I ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL URAI	Y O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	ВҮ ТН	E POLICIES	
IN If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject this certificate does not confer rights to	an A the	DDI tern	TIONAL INSURED, the po ns and conditions of the p	policy,	, certain polic	ies may requ				
<u> </u>	DUCER	o the	certi	ficate noider in lieu of su	CONTA		•				
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX	(206)8.	38-9076	
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	, EXU . ()	030-9077	(A/C, No):	,200)0	30-9070	
	Seattle			WA 98199-	ADDRE					NAIC #	
					INSURER(S) AFFORDING COVERAGE					24074	
INSU	IRED					RB:Ohio Sec				24082	
	3R Technology, LLC				INSURE		,				
	5511 1st Ave S				INSURE						
	Seattle			WA 98108-	INSURER E :						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	ENUMBER:				REVISION NUMBER:			
IN C E	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		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		. ,	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
_		v						COMBINED SINGLE LIMIT	\$ \$	1 000 000	
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$ \$	1,000,000	
	OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	1,000,000	
	DED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	cription of operations / Locations / vehici insured request, Msre Management LL						e space is require	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 007879	
	MSRE Management LLC John DeHart 1000 2nd Ave Suite 1800					EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL F Y PROVISIONS.			
Seattle WA 98104-								Sen Misi	h		

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DATE (MM/DD/YYYY) 05/00/0040

_							05	/28/2019				
C B	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.											
	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to											
	his certificate does not confer rights to											
				CONTA		-						
	DML Insurance Services			NAME: PHONE	(206)	838-9077	FAX (A/C, No):(206)8	29 0076				
	4005 20th Ave W Ste 132			(A/C, No È-MAIL	30-9070							
	Seattle		WA 98199-	ADDRE								
					NAIC #							
						sualty Ins Co	24074					
INSU	JRED			INSURE	_{R в :} Ohio Seo	curity Ins Co		24082				
	3R Technology, LLC				RC:							
	5511 1st Ave S				RD:							
	Seattle		WA 98108-	INSURE								
				INSURE								
со	VERAGES CER	TIFIC/	ATE NUMBER:				REVISION NUMBER:					
Т	HIS IS TO CERTIFY THAT THE POLICIES O	F INSL	JRANCE LISTED BELOW HAVE	BEEN IS	SUED TO TH	E INSURED NA		ERIOD				
c	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAVE	DED BY	THE POLICII EDUCED BY I	ES DESCRIBE						
INSR LTR		ADDL S			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
							MED EXP (Any one person) \$	10,000				
	······							1,000,000				
							PERSONAL & ADV INJURY \$	2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$					
							PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:						COMBINED SINGLE LIMIT	4 000 000				
В		X	BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000				
							BODILY INJURY (Per person) \$					
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)					
							\$					
А	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000						s s					
В	WORKERS COMPENSATION		BLS56732344		06/11/2019	06/11/2020	Y PER OTH-					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap		00/11/2010	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Cap					1,000,000				
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
<u> </u>	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
<u> </u>												
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ditional insured per contract on file.	ES (AC	ORD 101, Additional Remarks Sched	ule, may be	attached if mor	e space is require	ed)					
/ 100												
CF	RTIFICATE HOLDER			CANC	ELLATION			AI 007892				
					ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCEL	LED BEFORE				
	JLL D.I. Clumm			THE	EXPIRATIO	ON DATE TH	EREOF, NOTICE WILL BE DE					
	DJ Glumm			ACCORDANCE WITH THE POLICY PROVISIONS.								
	1111 Third Avenue											
	Suite 310			AUTHO	RIZED REPRESE	INTATIVE	D m-1					
	Seattle		WA 98101-			/	En Mish					
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DATE (MM/DD/YYYY) 05/28/2019

							05	/28/2019				
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lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	o the te	erms and conditions of the p	policy,	certain polic	cies may requ						
tl	his certificate does not confer rights to	the ce	ertificate holder in lieu of su									
PRC	DML Insurance Services			CONTA NAME: PHONE	-	000 0077	FAX (200)	20.0070				
	4005 20th Ave W Ste 132			A/C, No E-MAIL ADDRE	, EXU. (/	838-9077	FAX (A/C, No):(206)8	38-9076				
	Seattle		WA 98199-	ADDRE		SURER(S) AFFO	RDING COVERAGE	NAIC #				
						sualty Ins Co		24074				
INSU	JRED			INSURE	24082							
	3R Technology, LLC 5511 1st Ave S			INSURE								
	Seattle		WA 98108-	INSURE								
				INSURE								
ີເວ	VERAGES CER	TIFICA	TE NUMBER:	INSURE	кг.		REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES O											
C	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTAI	N, THE INSURANCE AFFORD	DED BY	THE POLICIE	ES DESCRIBE						
INSR LTR		ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$	1,000,000				
							MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:						\$					
в		X	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000				
							BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE \$					
A	X UMBRELLA LIAB		USO56732344		06/11/2019	06/11/2020	\$	1,000,000				
ľ`	CLAIMS-MADE		03050752544		50/11/2019	00/11/2020	EACH OCCURRENCE \$	1,000,000				
	DED X RETENTION \$ 10,000						AGGREGATE \$.,,				
В	WORKERS COMPENSATION		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
City	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL / Centre Associates, including U.S. Bank litional insured as their interest may appe	Centre	DRD 101, Additional Remarks Schedul e, a Delaware general partner	le, may be ship an	attached if mor d Bentall Kei	e space is require nnedy Real E	ed) state Services (U.S.) Inc., as ag	gent are				
30 (day notice of cancellation will be provide	d.										
CE	RTIFICATE HOLDER			CAN	ELLATION			AI 007926				
	City Centre Associates and Bentall Kennedy Real Estate 1420 5th Ave, Ste. 450	Service	es (U.S.), Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle WA 98101- WA 98101-											

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DATE (MM/DD/YYYY) 05/28/2019

					_			05/	/28/2019			
E	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVELY O	R NEGATIVELY AMEND), EXTENI	D OR ALT	ER THE CO	VERAGE AFFORDED E	зү тн	IE POLICIES			
	MPORTANT: If the certificate holder is			olicy(ies) n	nust have	ADDITIONA	L INSURED provisions o	r be e	ndorsed.			
H	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t	to the terr	ns and conditions of the	policy, cer	rtain polic	ies may requ						
PRC	DDUCER			CONTACT NAME:								
	DML Insurance Services 4005 20th Ave W Ste 132			PHONE (A/C, No, Ext): (206)838-9077 FAX (A/C, No):(206)83					38-9076			
	Seattle		WA 98199-	È-MAIL ADDRESS:	,							
	ocallo		W/(00100	INSURER(S) AFFORDING COVERAGE					NAIC #			
				INSURER A	Ohio Cas	sualty Ins Co			24074			
INS	URED			INSURER B	B :Ohio Sec	curity Ins Co			24082			
	3R Technology, LLC			INSURER C	:							
	5511 1st Ave S Seattle		WA 98108-	INSURER D):							
	Sealle		WA 90100-	INSURER E								
	OVERAGES CER		E NUMBER:	INSURER F	:		REVISION NUMBER:					
	THIS IS TO CERTIFY THAT THE POLICIES (-		BEEN ISSU				ICY P	ERIOD			
	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.											
INSF LTR	TYPE OF INSURANCE	ADDL SUBP	POLICY NUMBER	P (M	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
							MED EXP (Any one person)	\$	10,000			
							PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000			
В			DA 050700044	0.01	44/0040	00/44/0000	COMBINED SINGLE LIMIT	ф \$	1,000,000			
			BAS56732344	06/	/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
								\$				
А	X UMBRELLA LIAB OCCUR		USO56732344	06/	/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000			
	DED X RETENTION \$ 10,000							\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/	/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	lle, may be att	tached if more	e space is require	d)					
_									AL 007000			
CE	RTIFICATE HOLDER				LLATION				AI 007930			
	Camden Hall PLLC Safeco Plaza 1001 4th Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	Suite #3313 Seattle		WA 98154-	AUTHORIZE	ED REPRESE		2 m-1	1				
				Ben Mish								

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DATE (MM/DD/YYYY) 05/28/2019

							0:	5/28/2019				
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.												
1	MPORTANT: If the certificate holder is	an ADI	DITIONAL INSURED, the po	olicy(ies	s) must have		L INSURED provisions or be	endorsed.				
	SUBROGATION IS WAIVED, subject t his certificate does not confer rights to						uire an endorsement. A state	ment on				
	DUCER			CONTA		•						
	DML Insurance Services			NAME: PHONE	- (206)	838-9077	FAX (A/C, No):(206)8	338-9076				
	4005 20th Ave W Ste 132		W/A 00400	A/C, No E-MAIL ADDRE	J, EXIJ. ()		(A/C, NO).(/)					
	Seattle		WA 98199-	ADDILL		SURER(S) AFFO		NAIC #				
				INSURE		sualty Ins Co		24074				
INSU	JRED				R в :Ohio Seo			24082				
	3R Technology, LLC			INSURE								
	5511 1st Ave S			INSURE	RD:							
	Seattle		WA 98108-	INSURE								
				INSURE	RF:							
CO	VERAGES CER	TIFICA	TE 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 SUI	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		• •	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
							MED EXP (Any one person) \$	10,000				
							PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000				
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000				
	OTHER:						\$					
В	AUTOMOBILE LIABILITY	X	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT \$	1,000,000				
							BODILY INJURY (Per person) \$					
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE \$					
_							\$					
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000				
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION		DI 050700044		00/44/0040	00/11/0000	X PER OTH-					
	AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020		1 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1.000.000				
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI					e space is require	ed)					
	e below certifcate holder is listed as a ad											
CE	RTIFICATE HOLDER			CANO	ELLATION			AI 007942				
	Common Wealth partners 1301 2nd Ave, Suite 730	W/A 00404	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	Seattle	Seattle WA 98101- AUTHORIZED REPRESENTATIVE D 970-1										
				AUTHORIZED REPRESENTATIVE Ben Mish								

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DATE (MM/DD/YYYY) 05/28/2019

							05/28/2019					
(E	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.											
	MPORTANT: If the certificate holder is											
	f SUBROGATION IS WAIVED, subject t					uire an endorsement. A sta	tement on					
	his certificate does not confer rights to	o the ce	ertificate noider in lieu of su	CONTACT								
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (A/C, No):(206	3)838-0076					
	4005 20th Ave W Ste 132			È-MAIL	030-3011	(A/C, No):\200	5)030-9070					
	Seattle		WA 98199-	ADDRESS:			NAIC #					
				INSURER A :Ohio Ca		COVERAGE	24074					
INS	URED			INSURER B :Ohio See			24082					
	3R Technology, LLC			INSURER C :	,							
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
<u> </u>	VERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:						
I C E	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.											
INSE	TYPE OF INSURANCE	ADDL SU	IBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000					
<u> </u>		v				\$ COMBINED SINGLE LIMIT	1,000,000					
В	X ANY AUTO	X	BAS56732344	06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$	1,000,000					
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$						
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE						
	AUTOS ONLY AUTOS ONLY					(Per accident) \$						
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000					\$						
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
DE: The	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI below certilfcate holder is listed as an a	ES (ACO	RD 101, Additional Remarks Schedul al insured per contract on file	e, may be attached if mor with the insured.	re space is require	ed)						
CE	RTIFICATE HOLDER			CANCELLATION			AI 007955					
	The Telx Group, Inc And all its subsidiaries 1 State St Plaza 21st Floor			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	New York		NY 10004-	AUTHORIZED REPRESENTATIVE Ben Mich								

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								05/	28/2019			
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.												
1	MPORTANT: If the certificate holder is	an A	DDI	TIONAL INSURED, the po								
	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to							uire an endorsement. A staten	nent on			
	DUCER	the	cent	ficate holder in fieu of Su	CONTAC							
	DML Insurance Services				NAME: PHONE	38-9076						
	4005 20th Ave W Ste 132				<u>(A/C, No,</u> È-MAIL	50-9070						
	Seattle			WA 98199-	ADDRES	NAIO #						
					INSURE	NAIC # 24074						
เทรเ	URED						curity Ins Co		24082			
	3R Technology, LLC				INSURER							
	5511 1st Ave S				INSURER							
	Seattle			WA 98108-	INSURE							
					INSURE	F:						
CO	VERAGES CERT	TIFIC	CATE	ENUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES O											
С	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH P	PERT	AIN, SIES.	THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	DED BY 1	HE POLICI	S DESCRIBE		-			
INSR LTR		ADDL INSD	SUBR WVD			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344	0	6/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000			
_	OTHER:							\$	1 000 000			
В	AUTOMOBILE LIABILITY	X		BAS56732344	О	6/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000			
	OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE s				
	AUTOS ONLY AUTOS ONLY							(Per accident) \$				
A	X UMBRELLA LIAB OCCUR			USO56732344	0	6/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	EXCESS LIAB CLAIMS-MADE				, i i i i i i i i i i i i i i i i i i i	0, 1, 2010	00/11/2020	AGGREGATE \$	1,000,000			
	DED X RETENTION \$ 10,000							s s				
В	WORKERS COMPENSATION			BLS56732344	0	6/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000			
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
-				<u> </u>								
Bel	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI ow certificate holder, including Callahan (es (a Capit	tal Pi	0 101, Additional Remarks Schedu Operties LLC 1111 Third F	le, may be Property	attached if mor Managemer	e space is require nt LLC, a Dela	ed) ware limited liability company J	ones Lang			
Las	alle Americas, Inc., is an additional insur	edw	ith re	espect to work being perfor	med by	the named i	nsured.		0			
Cov	verage is primary and non-contributory.											
CF	RTIFICATE HOLDER				CANC	ELLATION			AI 007970			
	1111 Third Property Owner, L c/o Jones Lang LaSalle, Prope 1111 Third Ave, Suite 310	Mana	agement Office	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle			WA 98101-	AUTHOR	ZED REPRESE		D om-1				
		Seattle WA 98101- AUTHORIZED REPRESENTATIVE Ben Mish										

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DATE (MM/DD/YYYY) 05/28/2019

C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y OI NCE	R NEGATIVELY AMEND	, EXTE		FER THE CO	UPON THE CERTIFICATE H	HE POLICIES	
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	e tern	ns and conditions of the	policy,	certain polic	cies may requ			
	DDUCER				CONTA NAME:		-		-	
	DML Insurance Services				PHONE (A/C, No, Ext): (206)838-9077 (A/C, No):(206)83					
	4005 20th Ave W Ste 132 Seattle			W/A 08100	É-MÁIL ADDRE					
	Seame			WA 98199-				NAIC #		
					INSURE	24074				
INSU	URED					R в :Ohio Seo			24082	
	3R Technology, LLC				INSURE					
	5511 1st Ave S				INSURE					
	Seattle			WA 98108-	INSURE					
					INSURE	RF:				
со	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIRE PERT POLIC	MEN AIN, CIES.	I, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO DED BY	ONTRACT OR THE POLICII EDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO WHIC	CH THIS	
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
								MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:							\$		
В	AUTOMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$		
								\$		
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000	
	DED X RETENTION \$ 10,000							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
050	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	E8 //	0000	101 Additional Damasta Oata	lo mai 1	ottoohad 11				
Bel	vices performed by insured on Apex job	with		101, Additional Remarks Schedu	ie, may bi	a attached ir mor	e space is require	90)		
CE	RTIFICATE HOLDER				CAN	ELLATION			AI 007995	
	Apex Facility Resources, Inc.					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 Ben Mish					

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DATE (MM/DD/YYYY) 05/00/0040

							05/28/2019					
C E	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.											
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the t	erms and conditions of the p	olicy, certain polic	ies may requ							
	DUCER	ine c	entificate noider in neu of su	CONTACT	•							
	DML Insurance Services			NAME: PHONE (206)	020 0077	FAX (200	0076					
	4005 20th Ave W Ste 132			E-MAIL	838-9077	FAX (A/C, No):(206	0000-9070					
	Seattle		WA 98199-	ADDRESS:								
					NAIC #							
				INSURER A :Ohio Cas			24074					
INSU				INSURER B :Ohio Sec	curity Ins Co		24082					
	3R Technology, LLC			INSURER C :								
	5511 1st Ave S		MA 00400	INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
			ATE NUMBER:			REVISION NUMBER:						
II C	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 S INSD V	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	• •	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000					
В	AUTOMOBILE LIABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000					
	X ANY AUTO			00, 1, 1, 2010	00/11/2020	BODILY INJURY (Per person) \$						
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident) \$						
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$						
						(i di doldeni) \$						
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000					\$						
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
UB	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL S Realty Investors LLC, Pike Street Investoear.	es (ACI	LC, Unico Properties LLC and	e, may be attached if mor all other Unico enti	e space is require ties are name	d as additional insured as the	sir interest may					
CF	RTIFICATE HOLDER			CANCELLATION			AI 008010					
	Unico Properties LLC 1501 Fourth Avenue, Suite 30	1	WA 00404	SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	ON DATE TH	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE D Y PROVISIONS.	ELLED BEFORE					
	Seattle		WA 98101-	AUTHORIZED REPRESENTATIVE Rem Migh								

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DATE (MM/DD/YYYY) 05/28/2019

									05/	20/2019			
	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.												
H	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	tern	ns and conditions of the p	oolicy,	certain polic	cies may requ						
	DDUCER				CONTA		-						
	DML Insurance Services				NAME: PHONE FAX (A/C, No, Ext): (206)838-9077 FAX								
	4005 20th Ave W Ste 132				(A/C, No, Ext): (200)030-9077 (A/C, No):(200)0 E-MAIL					30-9070			
	Seattle			WA 98199-	ADDRE	SS:				1			
					INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					NAIC #			
										24074			
INS	URED				INSURE	_{R B :} Ohio Seo	curity Ins Co			24082			
	3R Technology, LLC				INSURE	RC:							
	5511 1st Ave S				INSURE	RD:							
	Seattle			WA 98108-	INSURE	RE:							
					INSURE								
ົດດ	OVERAGES CER	TIFIC		NUMBER:	INSOKL	<u>NF.</u>		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										FRIOD			
	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.												
INSF LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
								MED EXP (Any one person)	\$	10,000			
									\$	1,000,000			
								PERSONAL & ADV INJURY		2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
								PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:							COMBINED SINGLE LIMIT	\$				
В		Х		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000			
								BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS							. ,	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
								(* ** *******)	\$				
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000			
	DED X RETENTION \$ 10,000							NOOREO/ITE	\$				
в	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	φ				
[⁻						50/11/2015	00/11/2020		•	1,000,000			
		N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
360 Ler pro her sub unc	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 600 Carillon Point, Kirkland, WA 98033 enovo (United States) Inc, Jones Lang LaSalle, its directors, officers, and employees are included as Additional Insureds in accordance with the policy rovisions of the General Liability insurance and Auto Liability insurance policies. General Liability insurance and Auto Liability insurance policies evidenced erein is Primary & Non-Contributory to other insurance available to an additional insured, but only in accordance with the policy's provisions. A waiver of ubrogation is granted in favor of Lenovo (United States) Inc and Jones Lang LaSalle as required by written contract but limited to the operations of the Insured nder said contract, with respect to the General Liability insurance, Auto Liability insurance, and Employers' Liaibility insurance policies. Copies of the udditional Insured endorsements in favor of Owner and Manager are attached.												
<u> </u>	RTIFICATE HOLDER				CANC	ELLATION				AI 008032			
	Lenovo (United States) Inc an 3600 Carillon Point Kirkland	id Joi	nes L	ang LaSalle WA 98033-	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 Ben Mich								

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								28/2019					
	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.												
	MPORTANT: If the certificate holder is			olicy(ies	s) must have		L INSURED provisions or be e	ndorsed.					
1	f SUBROGATION IS WAIVED, subject t	o the ter	ms and conditions of the	policy,	certain polic	cies may requ							
_	this certificate does not confer rights to	o the cert	tificate holder in lieu of su										
PR	ODUCER DML Insurance Services			CONTA NAME: PHONE	(2000)	000 0077	FAX (2002)0	00.0070					
	4005 20th Ave W Ste 132			PHONE (A/C, No E-MAIL		838-9077	FAX (A/C, No):(206)8	38-9076					
	Seattle		WA 98199-	ADDRE									
						sualty Ins Co	RDING COVERAGE	NAIC # 24074					
INS	URED					curity Ins Co		24082					
	3R Technology, LLC			INSURE									
	5511 1st Ave S			INSURE									
	Seattle		WA 98108-	INSURE									
				INSURE	RF:								
С	OVERAGES CER	TIFICAT	E 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.												
INS	R	ADDL SUB	R	DELINIK	POLICY EFF	POLICY EXP	LIMITS						
B	X COMMERCIAL GENERAL LIABILITY	INSD WVD	BLS56732344		(<u>MM/DD/YYYY)</u> 06/11/2019	(MM/DD/YYYY) 06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					00, 1, 2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
							MED EXP (Any one person) \$	10,000					
							PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000					
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000					
В	AUTOMOBILE LIABILITY	x	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000					
	Χ ΑΝΥ Αυτο						BODILY INJURY (Per person) \$						
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$						
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)						
							\$						
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000					
	UDED X RETENTION \$ 10,000		DI DECENSIÓ				X PER OTH- STATUTE ER						
в	AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020		1 000 000					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000					
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$.,					
Be	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Below certificate holder, including GC Columbia, LLC; Gaw Capital Advisors (USA), LLC; Urban Renaissance Property Company, LLC; and Urban Renaissance Development Company, LLC; is an additional insured with respect to work being performed by the named insured.												
CE	ERTIFICATE HOLDER			CANO	ELLATION			AI 008064					
	GC Columbia, LLC c/o Urban Renaissance Prop 701 5th Avenue, Suite 4150	erty Com	pany	SHO THE ACC	ULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE EY PROVISIONS.						
	Seattle	En Mich											

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IMPORTANT: If the certin If SUBROGATION IS WAI	VED, subject to	the terr		policy,	certain polic	ies may requ					
PRODUCER DML Insurance 4005 20th Ave	e Services			CONTA NAME: PHONE (A/C, No	ст _{р. Ext):} (206)	838-9077	FAX (A/C, No):	(206)8	38-9076		
Seattle	W 016 102		WA 98199-	È-MÀIL ADDRE	SS:	SURER(S) AFFOR			NAIC #		
					RA:Ohio Ca	sualty Ins Co			24074		
INSURED 3R Technolog	y, LLC			INSURE	_{:RB:} OhioSeo :rc:	curity ins Co			24082		
5511 1st Ave S	S		M/A 08108	INSURER D :							
Seattle			WA 98108-	INSURER E :							
COVERAGES	CERTI	FICATE	E 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 INSURA	AI		ł	DEERIN	POLICY EFF (MM/DD/YYYY)		LIMI	s			
B X COMMERCIAL GENERA		x	BLS56732344		. ,	06/11/2020	EACH OCCURRENCE	\$ \$	1,000,000		
							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	10,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT AP							GENERAL AGGREGATE	\$	2,000,000 2,000,000		
	LOC						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
B AUTOMOBILE LIABILITY		x	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
X ANY AUTO OWNED	SCHEDULED						BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$			
HIRED	AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
	OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$ \$	1,000,000		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ψ			
ANY PROPRIETOR/PARTNER/E OFFICER/MEMBER EXCLUDED		/ A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION							E.L. DISEASE - EA EMPLOYEE		1,000,000		
	NS DEIOW						E.L. DISEASE - POLICY LIMIT	\$,,		
DESCRIPTION OF OPERATIONS / LC Policies shall name LPF WT directors and employees. Po	C East LLC, LaSa	alle Inve	stment Management, Inc.,	le, may be and Ur	e attached if mor nico Propertie	e space is require s LLC as add	ષ્ત) litional insured, including	their o	fficers,		
CERTIFICATE HOLDER				CAN	ELLATION				AI 008084		
LPF WTC Eas c/o Unico Prop 2003 Western Seattle			WA 98121-	THE	EEXPIRATIO	ON DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.	BE DE			
Seattle WA 98121- AUTHORIZED REPRESENTATIVE Ben Mich.											

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DATE (MM/DD/YYYY) 05/28/2019

C B	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.											
IN If	MPORTANT: If th SUBROGATION	e certificate holder i IS WAIVED, subject	s an AD to the te	CERTIFICATE HOLDER. DITIONAL INSURED, the po erms and conditions of the ertificate holder in lieu of su	policy, certai	in polic	ies may requ					
	DUCER	surance Services			CONTACT NAME: PHONE			FAX	(206)8	28.0076		
	4005 20 Seattle	Oth Ave W Ste 132		WA 98199-	(A/C, No, Ext): E-MAIL ADDRESS:	(206)	838-9077	(A/C, No	<u>):(200)0</u> ,	38-9076		
					INSUDED A .O		surer(s) Affor			NAIC #		
INSU	JRED				INSURER B :0					24082		
		hnology, LLC st Ave S			INSURER C :							
	Seattle			WA 98108-	INSURER E :							
					INSURER F :							
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 O	FINSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLIC (MM/D	CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS			
В		ADE X OCCUR	X	BLS56732344	06/11/	/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 1,000,000 10,000		
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE	LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000		
	OTHER:	JECT LOC						PRODUCTS - COMP/OP AGO	6 \$ \$	2,000,000		
В	AUTOMOBILE LIABIL	ITY	X	BAS56732344	06/11/	/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000		
	OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per acciden	,			
	AUTOS ONLY	AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ \$			
A	X UMBRELLA LIA	B OCCUR		USO56732344	06/11/	/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	1,000,000		
В	WORKERS COMPENS	SATION		BLS56732344	06/11/	/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PA	RTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY		1,000,000		
	DÉSCRIPTION OF OF							E.L. DISEASE - POLICY LIMI	\$	1,000,000		
Am		tes, subsidiaries, dire		RD 101, Additional Remarks Schedu ficers, employees and agent:					y with re	∋spect to		
CE		DER			CANCELLA	ATION				AI 008085		
	AMDO 2211 E Suite 4 Seattle	liott Avenue		WA 98121-	THE EXP	IRATIC		ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.	BEDE			
	Sealle			WA 30121-	Ben Mish							

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DATE (MM/DD/YYYY) 05/00/0040

						_	05/3	28/2019				
C E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AM	IVELY C URANCE	OR NEGATIVELY AMEND	, EXTEND OR ALT	FER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES				
I	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to	an ADD o the ter	ITIONAL INSURED, the po ms and conditions of the	policy, certain polic	ies may requ							
	ODUCER		lincale noider in neu or su	CONTACT	•							
	DML Insurance Services			NAME: PHONE FAX (A/C, No. Ext): (206)838-9077								
	4005 20th Ave W Ste 132			E-MAIL	000 0011	(A/C, NO):\∸	00,00					
	Seattle		WA 98199-	ADDRESS:				NAIC #				
				INSURER A :Ohio Casualty Ins Co				24074				
INS	SURED			INSURER B :Ohio Sec				24082				
	3R Technology, LLC			INSURER C :	,							
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
СС	OVERAGES CER	TIFICAT	E 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.											
	R TYPE OF INSURANCE	ADDL SUB	R POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020		\$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
						MED EXP (Any one person)	\$	10,000				
						PERSONAL & ADV INJURY	Ψ	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000				
	POLICY PRO- JECT LOC						\$ \$	2,000,000				
в			BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	X ANY AUTO					BODILY INJURY (Per person)	\$					
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
						5	\$					
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE S	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000				
_	DED X RETENTION \$ 10,000					Y PER OTH-	\$					
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X STATUTE ER		4 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				\$	1,000,000				
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		1,000,000				
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOR	D 101, Additional Remarks Schedu	e, may be attached if mor	e space is require	ed)						
CE				CANCELLATION				AI 008125				
	Northwest Justice Project Lisa Clark 401 2nd Ave. S. Suite 610			SHOULD ANY OF	ON DATE TH		EDEL	ED BEFORE				
	Seattle		WA 98104-		1	Sen Mich	~					

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c	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											
R	REPRESENTATIVE OR PRODUCER, AN MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to	D TH an Al	E CERTIFICATE HOLDER. DDITIONAL INSURED, the po	licy(ies) must have		L INSURED provisions or be	e endorsed.					
	his certificate does not confer rights to											
PRO	DDUCER			CONTACT NAME:								
	DML Insurance Services 4005 20th Ave W Ste 132			PHONE (A/C, No. Ext): (206)	838-9077	FAX (A/C, No):(206	6)838-9076					
	Seattle		WA 98199-	È-MAIL ADDRESS:								
	Jeallie		WA 30133-	IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #					
				INSURER A :Ohio Cas	sualty Ins Co		24074					
INSU	URED			INSURER B :Ohio See	curity Ins Co		24082					
	3R Technology, LLC			INSURER C :								
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
СО	OVERAGES CER	CERTIFICATE NUMBER: REVISION NUMBER:										
	THIS IS TO CERTIFY THAT THE POLICIES O											
C E	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	IN, THE INSURANCE AFFORE	DED BY THE POLICII BEEN REDUCED BY I	ES DESCRIBE PAID CLAIMS.							
INSR LTR		ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
в	X COMMERCIAL GENERAL LIABILITY	x	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000					
	OTHER:					\$						
В		X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT \$	1,000,000					
	X ANY AUTO					BODILY INJURY (Per person) \$						
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$						
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$						
						\$						
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000					\$						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
		N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
Cro Aut	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Sosbeam Investments, LLP, IC U.S.A. No tomobile. Coverage is Primary and Non C rier per endorsement.	8 Pro	perty Partnership. and Court in	n the Square are ad	ded as Additio	onal Insureds for General Lial	bility and n be provided by					
<u> </u>				CANCELLATION			AI 008170					
	IC U.S.A. No. 8 Property Partr Crossbeam Investments, LLP Court in the Square 401 2nd Ave South, Suite 200			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle		WA 98104-		1	En Mich.						

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									05/	/28/2019		
C B	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.											
IN	IPORTANT: If the certificate holder	s an /	ADDI	TIONAL INSURED, the po								
	SUBROGATION IS WAIVED, subject is certificate does not confer rights							uire an endorsement. A	statem	nent on		
<u> </u>	DUCER	lo the	cen	incate noider in neu or su	CONTA	()	•					
	DML Insurance Services				NAME: PHONE (206)838-9077 FAX (A/C, No).(206)838-9076							
	4005 20th Ave W Ste 132			M/A 00100	E-MAIL ADDRE	U, EXU . \ /		(A/C, NO):\				
	Seattle			WA 98199-	INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURE		sualty Ins Co			24074		
INSU	RED				INSURE	R в :Ohio Se	curity Ins Co			24082		
	3R Technology, LLC				INSURE	RC:						
	5511 1st Ave S				INSURE	RD:						
	Seattle			WA 98108-	INSURE	ER E :						
					INSURE	RF:						
				E NUMBER:	DEENIG			REVISION NUMBER:				
IN C	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		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
]							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
в	OTHER: AUTOMOBILE LIABILITY	x		DA 050700044		00/44/0040	00/44/0000	COMBINED SINGLE LIMIT	ծ Տ	1,000,000		
P	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MAD	<u> </u>						AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000)							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under	'						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC arding: Rainier Square, 1333 5th Aven				le, may b	e attached if mor	re space is require	ed)				
I Neg	arding. Namer Square, 1555 5th Aven	ue, 0	cattic	, WA 30101.								
	w certificate holder, including Board of								ssocia	ates Limited		
Fai	nership and Wright Runstad & Compa	iy. is	anau	autional insured with respe		ork being per		nameu insureu.				
	RTIFICATE HOLDER				CAN	CELLATION				AI 008308		
	Wright Runstad & Company 1301 5th Avenue, Suite 302			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle			WA 98101-	AUTHO	RIZED REPRES		D am.	1			
					Ben Mich							

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DATE (MM/DD/YYYY) 05/28/2019

							05/28/2019						
E	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.												
	MPORTANT: If the certificate holder is												
	f SUBROGATION IS WAIVED, subject t his certificate does not confer rights to					uire an endorsement. A st	atement on						
	DUCER	J the ce	runcate noider in neu or su	CONTACT	•								
	DML Insurance Services			NAME: PHONE (A/C No Ext), (206)	06)838-9076								
	4005 20th Ave W Ste 132			(A/C, No, Ext): (200) E-MAIL ADDRESS:		(A/C, NO):\							
	Seattle		WA 98199-		SURER(S) AFFOR	RDING COVERAGE	NAIC #						
				INSURER A :Ohio Ca			24074						
INS	URED			INSURER B :Ohio Security Ins Co									
	3R Technology, LLC			INSURER C :									
	5511 1st Ave S			INSURER D :									
	Seattle		WA 98108-	INSURER E :									
				INSURER F :									
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:													
II C E	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.												
INSF LTR		ADDL SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$							
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$							
						MED EXP (Any one person) \$	1 000 000						
						PERSONAL & ADV INJURY \$	2 000 000						
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	0.000.000						
						PRODUCTS - COMP/OP AGG \$							
В		x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT							
[X ANY AUTO		DA030732344	00/11/2019	00/11/2020	(Ea accident) ■ BODILY INJURY (Per person) \$							
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident) \$							
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$							
						\$							
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000						
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000						
_	DED X RETENTION \$ 10,000					¥ PER OTH-							
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	4 000 000						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000						
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000						
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000						
Bel	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI low certificate holder, including REEP-OI ured with respect to work being performe	C Belle	vue; WA LLC; CBRE, Inc.; I	le, may be attached if mou NYL Investors, LLC;	re space is require and New Yor	ed) k Life Insurance Company a	are an additional						
CE	RTIFICATE HOLDER			CANCELLATION			AI 008359						
	REEP-OFC Bellevue WA LLC c/o CBRE, Inc. 13810 SE Eastgate Way, Sui			SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	THE ABOVE D ON DATE TH ITH THE POLIC		DELIVERED IN						
	Bellevue		WA 98005-	AUTHORIZED REPRESENTATIVE Ben Mish									

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						_	05/	28/2019				
E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVELY JRAN	OR NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED B	у тн	E POLICIES				
l ľ	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	an AD o the t	DITIONAL INSURED, the po erms and conditions of the	policy, certain polic	ies may requ							
	ODUCER			CONTACT	•							
	DML Insurance Services			NAME: FAX PHONE (A/C, No. Ext): (A/C, No. Ext): (206)838-9077								
	4005 20th Ave W Ste 132			E-MAIL	030-3011	(A/C, No):\4	200/00	00-9070				
	Seattle		WA 98199-	ADDRESS:								
				INSURER A :Ohio Cas		IDING COVERAGE		NAIC # 24074				
INS				INSURER B : Ohio Sec	cunty ins Co			24082				
	3R Technology, LLC 5511 1st Ave S			INSURER C :								
	Seattle		WA 98108-	INSURER D :								
	Seallie		WA 30100-	INSURER E :								
				INSURER F :								
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.											
INSE	R TYPE OF INSURANCE	ADDL SU	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6					
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020		\$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
						, , , ,	\$	10,000				
						PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000				
	POLICY PRO- JECT LOC						\$	2,000,000				
	OTHER:						\$					
в	AUTOMOBILE LIABILITY		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	X ANY AUTO		5,000,020,11	00,11,2010	00/11/2020	` '	\$					
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
	AUTOS ONLY AUTOS ONLY					· /	\$					
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						\$	1,000,000				
	DED X RETENTION \$ 10,000						\$					
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ψ					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00, 1, 2010	00/11/2020		\$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE		1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000				
	DESCRIPTION OF OPERATIONS below					L.L. DISEASE - FOLIOT LIMIT	φ					
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	DRD 101. Additional Remarks Schedu	le. may be attached if mor	e space is require	ed)						
)						
	ERTIFICATE HOLDER			CANCELLATION				AI 008389				
								, 1 000009				
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
	Naval Station Keyport						E DEI	IVERED IN				
	610 Dowell Street, Bldg 35			ACCORDANCE W		T FRUVISIUNS.						
	Keyport		WA 98345-	AUTHORIZED REPRESE	NTATIVE	0 000	1					
		AUTHORIZED REPRESENTATIVE Ben Migh										
						en Illon	Lo					

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DATE (MM/DD/YYYY) 05/28/2019

								- 08	5/28/2019			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
I	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject	s an A	ADDI	TIONAL INSURED, the po								
	nis certificate does not confer rights t											
PRO	DUCER				CONTA NAME:	СТ						
	DML Insurance Services				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)8	338-9076			
	4005 20th Ave W Ste 132			M/A 08100	È-MÁIL ADDRE	ss.						
	Seattle			WA 98199-	ADDILL			RDING COVERAGE	NAIC #			
					INCLIDE		sualty Ins Co		24074			
INSU	JRED					R B Ohio Sec			24082			
	3R Technology, LLC											
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
	Coulie				INSURE							
			~ ~ ~ ~		INSURE	RF:		REVISION NUMBER:				
IN C	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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344			06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
	PRO-							PRODUCTS - COMP/OP AGG \$	2,000,000			
								\$,,			
в				BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	1,000,000			
	X ANY AUTO			DA330732344		00/11/2019	00/11/2020	(Ea accident) \$ BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							_(Per accident) \$				
A	X UMBRELLA LIAB			110050700044		00/44/0040	00/44/0000		1,000,000			
				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000			
		-						AGGREGATE \$	1,000,000			
D	DED X RETENTION \$ 10,000 WORKERS COMPENSATION	1		DI 050700044		00/44/0040	00/44/0000	\$ X PER OTH-				
в	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	A STATUTE ER	1 000 000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
DEC			0000		la	attack - 11						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)				
CE	RTIFICATE HOLDER			1		ELLATION			AI 008492			
	Alaska National Insurance 1111 3rd Ave Suite 2600			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle			WA 98101-	AUTHO	RIZED REPRESE	NTATIVE	D am-1				
					Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

					_			05/	/28/2019				
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVELY O	R NEGATIVELY AMEND	D, EXTE		FER THE CO	VERAGE AFFORDED E	зү тн	IE POLICIES				
	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject												
	his certificate does not confer rights t												
PRC	DUCER			CONTAC NAME:	СТ								
	DML Insurance Services 4005 20th Ave W Ste 132			PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)8	38-9076				
	Seattle		WA 98199-	È-MÁIL ADDRES									
	Sealle		WA 90199-			SURER(S) AFFOR	RDING COVERAGE		NAIC #				
				INSURE		sualty Ins Co			24074				
INS	URED					curity Ins Co			24082				
	3R Technology, LLC			INSURE	RC:								
	5511 1st Ave S			INSURE	RD:								
	Seattle		WA 98108-	INSURE	RE:								
				INSURE	RF:								
CC	VERAGES CER	TIFICATI	E 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.												
INSF		ADDL SUBF	2	222111	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<u>د</u>					
B	X COMMERCIAL GENERAL LIABILITY	INSD WVD	BLS56732344		<u>(MM/DD/YYYY)</u> 06/11/2019		EACH OCCURRENCE	<u>s</u>	1,000,000				
					00/11/2010	00/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
							MED EXP (Any one person)	\$	10,000				
							PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000				
							PRODUCTS - COMP/OP AGG	\$	2,000,000				
	OTHER:							\$					
в			BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	X ANY AUTO		211000102044		00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$					
	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per accident)	\$					
							PROPERTY DAMAGE (Per accident)	\$					
								\$					
А	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000				
	DED X RETENTION \$ 10,000							\$					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is require	ed)						
CE	RTIFICATE HOLDER				ELLATION				AI 008508				
	Skyline Tower 10900 NE 4th St			THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.						
	Bellevue		WA 98004-	AUTHORIZED REPRESENTATIVE D GYM-1									
				AUTHORIZED REPRESENTATIVE Ben Mish									

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DATE (MM/DD/YYYY) 05/28/2019

								05	/28/2019								
C B	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.																
	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to																
	his certificate does not confer rights to							ane an endorsement. A state									
	DUCER	the	UCIT		CONTA		•										
	DML Insurance Services				NAME: PHONE	(222)		FAX (200)									
	4005 20th Ave W Ste 132				(A/C, No È-MÁIL	p, Ext): (206)	838-9077	FAX (A/C, No):(206)8	38-9076								
	Seattle			WA 98199-	ADDRE	SS:											
								RDING COVERAGE	NAIC #								
					INSURER A : Ohio Casualty Ins Co				24074								
INSU	JRED				INSURE	24082											
	3R Technology, LLC				INSURE												
	5511 1st Ave S				INSURE												
	Seattle	WA 98108-															
						RE:											
					INSURE	RF:											
			-					REVISION NUMBER:									
IN C	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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		· ·	06/11/2020	EACH OCCURRENCE \$	1,000,000								
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000								
								MED EXP (Any one person) \$	10,000								
									1,000,000								
								PERSONAL & ADV INJURY \$	2,000,000								
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$									
								PRODUCTS - COMP/OP AGG \$	2,000,000								
<u> </u>	OTHER:																
В		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000								
	X ANY AUTO							BODILY INJURY (Per person) \$									
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) \$									
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$									
								(i ci doudent) \$									
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000								
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000								
	X 40.000								.,								
в	DED X RETENTION \$ 10,000			BLS56732344		00/44/0040	00/44/0000	X PER OTH- STATUTE FR									
Ľ	AND EMPLOYERS' LIABILITY Y / N					06/11/2019	06/11/2020		1 000 000								
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000								
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000								
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL h respect to: 351, 401 & 501 Elliott Ave V								K Kophlar 8								
	mpany, dba Koehler & Company et al are						SIR Sealle LL	LC, THE RINK GIOUP LLC and S	.R. RUEIIIEI &								
	urance is primary and waiver of subrogati				inttoni o	onnaon.											
	brella policy follows forms unless special																
									AL000070								
CE	RTIFICATE HOLDER					ELLATION			AI 008679								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
	SIR Seattle LLC and RMR Gro	oup l	LC		ACCORDANCE WITH THE POLICY PROVISIONS.												
	401 Elliott Ave West, Suite 15	0															
	Seattle			WA 98119-	AUTHO	RIZED REPRESE		n an 1									
							1	San Illinh									
							AUTHORIZED REPRESENTATIVE Ben Mish										

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c	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												
R	EPRES	ENTATIVE OR PRODUCER, AN ANT: If the certificate holder is DGATION IS WAIVED, subject t	ID TH an A	IE C	ERTIFICATE HOLDER. TIONAL INSURED, the po	licy(ies	s) must have		L INSURED provisions o	r be e	ndorsed.		
		ficate does not confer rights to				ch end	orsement(s)						
PRO	DUCER	DML barriers Orginal				CONTA NAME:	СТ						
		DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)83	38-9076		
		Seattle			WA 98199-	È-MÁIL ADDRE							
		Seallie			WA 90199-			SURER(S) AFFOR	RDING COVERAGE		NAIC #		
						INSURE		sualty Ins Co			24074		
INSU	IRED							curity Ins Co			24082		
		3R Technology, LLC				INSURE							
		5511 1st Ave S				INSURE							
		Seattle			WA 98108-	INSURE							
0.0	VERAG	ES CER	TIFIC		NUMBER:								
	-	CERTIFY THAT THE POLICIES O	-		-	REEN IS	SUED TO TH			ICY P	FRIOD		
IN C E	IDICATE ERTIFIC XCLUSIC	D. NOTWITHSTANDING ANY REQ CATE MAY BE ISSUED OR MAY F DNS AND CONDITIONS OF SUCH F	UIREN PERT/ POLIC	MEN AIN, IES.	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	ANY CO DED BY	ONTRACT OR THE POLICI EDUCED BY	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	H THIS		
INSR LTR		TYPE OF INSURANCE	ADDL : INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
В	X co	MMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
									MED EXP (Any one person)	\$	10,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L A	GGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
		LICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
		HER:								\$			
в		OBILE LIABILITY	x		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		Y AUTO			DA330732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$.,		
	ow	VNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	HIF	TOS ONLY AUTOS RED NON-OWNED							PROPERTY DAMAGE	\$			
	AU AU	TOS ONLY AUTOS ONLY							(Per accident)	\$			
A	Хим	IBRELLA LIAB			110050700044		00/44/0040	00/44/2020			1,000,000		
					USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$			
	EX	CESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
_	DE								Y PER OTH-	\$			
В		RS COMPENSATION PLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
		DPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandato	ory in NH) scribe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DESCRIP	PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
des JGE	CRIPTION 3 LLC, J	OF OPERATIONS / LOCATIONS / VEHICL oshua Green Corporation, and L	es (Ad	Ren	I 101, Additional Remarks Schedu laissance Property Compa	le, may be ny LLC	attached if mon are includec	⊥ e space is requiri I as Additiona	ad) Insured as respects to lia	bility c	coverage.		
		ATE HOLDER				CAN	ELLATION				AI 008682		
		JGB LLC c/o Urban Renaissance Prope 1218 Third Avenue, Suite 170 Seattle	-	omp	any LLC WA 98101-	SHO THE ACC	ULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.		LED BEFORE		
						AUTHORIZED REPRESENTATIVE Ben Mich							

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										/20/2019				
C B	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.													
IN		an /	ADDI	TIONAL INSURED, the po										
	his certificate does not confer rights to													
PRO	DUCER				CONTA	ст								
-	DML Insurance Services				NAME: FAX PHONE (A/C, No.Ext): (A/C, No.Ext): (206)838-9077									
	4005 20th Ave W Ste 132				È-MÁIL									
	Seattle			WA 98199-	ADDRE									
					INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					NAIC #				
										24074				
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082				
	3R Technology, LLC				INSURE	RC:								
	5511 1st Ave S				INSURE	RD:								
	Seattle			WA 98108-	INSURE	RE:								
					INSURE	RF:								
со	VERAGES CER	TIFIC	CATE	E 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														
C E	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	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5					
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
								MED EXP (Any one person)	\$	10,000				
								PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000				
	PRO-								\$	2,000,000				
								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000				
		v						COMBINED SINGLE LIMIT	\$	1,000,000				
В		Х		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	•	1,000,000				
	X ANY AUTO							BODILY INJURY (Per person)	\$					
	AUTOS ONLY AUTOS							· · · · ·	\$					
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$					
									\$					
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000				
	DED X RETENTION \$ 10,000								\$					
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N / A							Ŧ	1,000,000				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ebook, Inc., Hines Interests Limited Part	ES (A	CORD	0 101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed) re LLC Jones Lang Lacall	٥Am	ericas Inc. and				
	ebook, mc., miles interests Limited Fan				LLO, 3	lockbridge D	exter investo	is LLC, Julies Lang Lasali	e Am	Elicas, Ilic. aliu				
					CANC					AI 008736				
	RTIFICATE HOLDER					ELLATION				,				
	Facebook, Inc. 1101 Dexter Ave N				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	Seattle			WA 98109-	AUTHO	RIZED REPRESE		D am.	1					
							1	En Mist	2					
							4	on This	20					

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DATE (MM/DD/YYYY) 05/28/2019

Гт	HIS CERTIFICATE IS ISSUED AS A		R OF INFORMATION ONL		CONFERS								
C B	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVELY URAN	OR NEGATIVELY AMEND), EXTE	END OR AL	TER THE CO	VERAGE AFFORDED BY 1	HE POLICIES					
	MPORTANT: If the certificate holder is			olicy(ies	s) must have		L INSURED provisions or be	endorsed.					
lf	SUBROGATION IS WAIVED, subject t nis certificate does not confer rights to	o the t	erms and conditions of the	policy,	certain polic	cies may requ							
	DUCER			CONTA NAME:		-							
	DML Insurance Services			PHONE (A/C. No	(206)	838-9077	FAX (A/C, No):(206)	838-9076					
	4005 20th Ave W Ste 132 Seattle		WA 98199-	È-MÁIL ADDRE									
	Ceattie		WA 00100				RDING COVERAGE	NAIC #					
						sualty Ins Co		24074					
INSU	JRED			INSURE	_{R в :} Ohio Seo	curity Ins Co		24082					
	3R Technology, LLC			INSURE	RC:								
	5511 1st Ave S Seattle		WA 98108-	INSURE	RD:								
	Sealle		WA 90100-	INSURE									
	VERAGES CER	TIEIC	ATE NUMBER:	INSURE	RF:		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													
IN C	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 S			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	x	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
	·						MED EXP (Any one person) \$	10,000					
	· · · · · · · · · · · · · · · · · · ·						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000					
							PRODUCTS - COMP/OP AGG \$	2,000,000					
в	OTHER: AUTOMOBILE LIABILITY	x	DA 050700044		00/44/0040	00/44/0000	COMBINED SINGLE LIMIT	1,000,000					
	X ANY AUTO	^	BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$	1,000,000					
	OWNED SCHEDULED						BODILY INJURY (Per accident) \$						
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE \$						
							(r er accident) \$						
А	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000						\$						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000					
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL												
Belo	ow certificate holder, including Spire Gat	eway l	P, as an additional insured w	ith resp	ect to work b	eing perform	ed by the named insured.						
CE	RTIFICATE HOLDER				CELLATION			AI 008890					
	Kidder Mathews LLC 500 108th Avenue NE, Suite	2400	W4 00004	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	Bellevue		WA 98004-	AUTHO	RIZED REPRESE	INTATIVE	2 m-1						
			Bellevue VVA 98004- AUTHORIZED REPRESENTATIVE Ben Migh										

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C E	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.											
II If	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	an A o the	DDI tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	ies may requ					
	DUCER) the	certi	incate noider in neu or su	CONTA		•					
	DML Insurance Services				NAME: FAX PHONE (206)838-9077 (A/C, No. Ext): (206)838-9076							
	4005 20th Ave W Ste 132				(A/C, No È-MAIL	, cx ų. (<i>'</i>	030-9011	(A/C, No):\20	0)030-9070			
	Seattle			WA 98199-	ADDRE							
					INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co				NAIC #			
									-			
INSU					INSURE	_{R в :} Ohio Seo	curity Ins Co		24082			
	3R Technology, LLC				INSURER C :							
	5511 1st Ave S			M/A 00400	INSURE							
	Seattle			WA 98108-	INSURE	RE:						
					INSURER F :							
<u> </u>				ENUMBER:	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		ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	Х	_	BLS56732344		. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
								MED EXP (Any one person) \$	10,000			
								PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000			
в		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000			
-	X ANY AUTO			DA000702044		00/11/2013	00/11/2020	BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident) \$				
A	X UMBRELLA LIAB			USO56732344		06/11/2019	06/11/2020		1,000,000			
ľ`				03030732344		00/11/2019	00/11/2020	EACH OCCURRENCE \$	1,000,000			
								AGGREGATE \$	1,000,000			
в	DED A RETENTION \$ 10,000			DI 050700044		00/44/0040	00/44/0000	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020		1 000 000			
		N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
DES City	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL y Centre Associates, a Delaware general	es (A partr	cord	101, Additional Remarks Schedu hip and CBRE Inc., as agei	le, may be nt are a	e attached if mor dditional insu	e space is require ired as their ir	əd) hterest may appear.				
	RTIFICATE HOLDER				CANC	ELLATION			AI 0090)44		
	City Centre Associates and CBRE Inc. 1420 5th Avenue, Suite 450 Seattle			WA 98101-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					E		
					AUTHORIZED REPRESENTATIVE Ben Mish							

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C B	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.												
II If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an AD o the t	DITIONAL INSURED, the po erms and conditions of the	policy, certain polic	ies may requ								
	his certificate does not confer rights to	the c	ertificate noider in lieu of su	CONTACT									
	DML Insurance Services			NAME: PHONE (A/C No Ext): (206)	838-9076								
	4005 20th Ave W Ste 132			E-MAIL	000 0011	(A/C, No):(200)	000 0010						
	Seattle		WA 98199-	ADDRESS:		RDING COVERAGE	NAIC #						
				INSURER A Ohio Cas	24074								
INSU	JRED			INSURER B :Ohio Sec			24082						
	3R Technology, LLC			INSURER C :	, <u>,</u>								
	5511 1st Ave S			INSURER D :									
	Seattle		WA 98108-	INSURER E :									
				INSURER F :									
CO	VERAGES CER	TIFICA	ATE NUMBER:			REVISION NUMBER:							
	HIS IS TO CERTIFY THAT THE POLICIES O												
C E	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERTA	IN, THE INSURANCE AFFORE	DED BY THE POLICIE BEEN REDUCED BY F	ES DESCRIBE PAID CLAIMS.								
INSR LTR		ADDL SI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000						
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	1,000,000						
						MED EXP (Any one person) \$	10,000						
						PERSONAL & ADV INJURY \$	1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000						
						PRODUCTS - COMP/OP AGG \$	2,000,000						
_	OTHER:	~				\$ COMBINED SINGLE LIMIT	4 000 000						
В	AUTOMOBILE LIABILITY X ANY AUTO	X	BAS56732344	06/11/2019	06/11/2020	(Ea accident)	1,000,000						
	OWNED SCHEDULED					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$							
	AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$							
	AUTOS ONLY AUTOS ONLY					(Per accident) \$							
A			USO56732344	06/11/2019	06/11/2020		1,000,000						
			0000102044	00/11/2019	00/11/2020	EACH OCCURRENCE \$	1,000,000						
						AGGREGATE \$	1,000,000						
В	UDED A RETENTION \$ 10,000		BLS56732344	06/11/2019	06/11/2020	Y PER OTH-							
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00/11/2010	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT \$	1,000,000						
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000						
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ow certificate holder is an additional insu					ed)							
CE	RTIFICATE HOLDER			CANCELLATION			AI 009177						
	The InTech Group, Inc. 305 Exton Commons Exton		PA 19341-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
					4	an intons							

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									05/	28/2019			
	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.												
	MPORTANT: If the certificate holder is				licy(ies) must have	ADDITIONA	L INSURED provisions or	be ei	ndorsed.			
	SUBROGATION IS WAIVED, subject this certificate does not confer rights to							uire an endorsement. A st	atem	ent on			
PRC	DUCER				CONTA NAME:	СТ							
	DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, No, Ext): (206)838-9077 FAX (A/C, No):(206)838-9076					8-9076			
	Seattle			WA 98199-	È-MAIL ADDRE	SS:							
	Coamo				INSURER(S) AFFORDING COVERAGE					NAIC #			
							sualty Ins Co			24074			
INS	JRED				INSURE	_{R B :} Ohio Seo	curity Ins Co			24082			
	3R Technology, LLC				INSURE	RC:							
	5511 1st Ave S Seattle			WA 98108-	INSURE	RD:							
	Sealle			WA 90100-	INSURE	RE:							
		TIEIC	- A TE		INSURE	RF:							
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.												
	TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		• •	06/11/2020	EACH OCCURRENCE \$		1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000			
								MED EXP (Any one person) \$		10,000			
								PERSONAL & ADV INJURY \$		1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		2,000,000			
_	OTHER:							COMBINED SINGLE LIMIT		1 000 000			
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)		1,000,000			
	X ANY AUTO							BODILY INJURY (Per person) \$					
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$					
	AUTOS ONLY AUTOS ONLY							(Per accident) \$					
A				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000			
	EXCESS LIAB OCCUR CLAIMS-MADE			00000702044		00/11/2010	00/11/2020	AGGREGATE \$		1,000,000			
	DED X RETENTION \$ 10,000							SUBJECT S		,,			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT \$		1,000,000			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI							ed)					
Bel	ow certificate holder is an additional insu	ired w	ith r	espect to work being perfo	rmed by	/ the named	insured.						
										A1 667 17			
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 009186			
	Urban Renaissance Group Ll 701 5th Avenue Suite 4150	-C			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Seattle			WA 98104-	AUTHO	RIZED REPRESE	NTATIVE	D m-1					
					AUTHORIZED REPRESENTATIVE Ben Mish								

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DATE (MM/DD/YYYY) 05/28/2019

								5/28/2019					
C B	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.												
	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to												
tł	his certificate does not confer rights to	the ce	ertificate holder in lieu of su	ch end	orsement(s)								
PRO	DUCER			CONTA NAME:	СТ								
	DML Insurance Services			PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)	838-9076					
	4005 20th Ave W Ste 132			É-MAIL ADDRE									
	Seattle		WA 98199-	ADDRL			RDING COVERAGE	NAIC #					
						sualty Ins Co		24074					
	JRED				<u>R a</u> Ohio Se			24082					
	3R Technology, LLC							24002					
	5511 1st Ave S			INSURE									
	Seattle		WA 98108-	INSURE	RD:								
	Jeallie		WA 30100-	INSURE	RE:								
				INSURE	RF:								
		-	TE NUMBER:				REVISION NUMBER:						
IN C	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 SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000					
							MED EXP (Any one person) \$	10,000					
							PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000					
	PRO-							2,000,000					
							PRODUCTS - COMP/OP AGG \$	2,000,000					
		v			/ /		COMBINED SINGLE LIMIT	1,000,000					
В		X	BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000					
	X ANY AUTO						BODILY INJURY (Per person) \$						
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$						
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE \$						
							\$						
A	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000						\$						
В	WORKERS COMPENSATION		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000					
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000					
	DESCRIPTION OF OPERATIONS DEIOW												
		E8 (407	DD 101 Additional Devents Oct. 1	la ma:: 1	ottophed 'f	 	 						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ow certificate holder is an additional insu						ed)						
_			31		,								
CF	RTIFICATE HOLDER			CANO	CELLATION			AI 009281					
	EOS It Management Solutions	slnc		SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCE	LLED BEFORE					
	EOS Unified Solutions, Inc.	5 1110					EREOF, NOTICE WILL BE D	ELIVERED IN					
	5201 Great American Pkwy				ORDANCE W	ITH THE POLIC	Y PROVISIONS.						
	Suite 320			A			-						
	Suite 320 Santa Clara		CA 95054-		RIZED REPRES	INTATIVE	p m-1						
							Sen Mish.						
	1												

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									05	/28/2019			
C B	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.												
lf	SUB	RTANT: If the certificate holder is ROGATION IS WAIVED, subject t ertificate does not confer rights to	o the	e tern	ns and conditions of the	oolicy, certain polic	ies may requ						
			/ the	COLL	incate notael in neu or su	CONTACT							
PRO	DUCE	DML Insurance Services				NAME:							
		4005 20th Ave W Ste 132				<u>(A/C, No, Ext): (200)</u> E-MAIL	838-9077	(A/C, No):	(206)8	38-9076			
		Seattle			WA 98199-	ADDRESS:							
										NAIC #			
						INSURER A :Ohio Cas		24074					
INSU	RED	3R Technology, LLC				INSURER B : Ohio Sec		24082					
		5511 1st Ave S				INSURER C :							
		Seattle			WA 98108-	INSURER D :							
		Count				INSURER E :							
		4.050 050	TIE1/			INSURER F :							
					E NUMBER:			REVISION NUMBER:					
IN C	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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	rs				
В	Х	COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2020	EACH OCCURRENCE	\$	1,000,000			
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
								MED EXP (Any one person)	\$	10,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000			
		OTHER:							\$				
В	AUT	OMOBILE LIABILITY	Х		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	Х	ANY AUTO						BODILY INJURY (Per person)	\$				
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
									\$				
А	Х	UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000			
		DED X RETENTION \$ 10,000							\$				
В		KERS COMPENSATION			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap			E.L. EACH ACCIDENT	s	1,000,000			
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s s	1,000,000			
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000			
									<u> </u>				
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (A) 101, Additional Remarks Schedul	e, may be attached if more	e space is require	ed)					
Unio	co Pr	operties LLC, Unico Partners I LP,	Unic	o Par	tners I REIT LLC, including	their affiliates, offic	ers, directors	and employees are addit	tional i	nsureds as			
		ects the premises operations of the named insured. Waiver of subrogation applies. Coverage provided to the additional insured shall be primary and contributory. It is agreed that the policies referenced in this certificate shall not be canceled or limits reduced without (30) days advance notice to the											
		al insured. Additional Insured endor											
							-						
		operties LLC, Unico Partners I LP, policy wording.	Unic	o Par	tners I REIT LLC, including	their affiliates, offic	ers, directors	and employees are addit	ional i	nsureds per the			
CE	RTIF	ICATE HOLDER				CANCELLATION				AI 009412			
						SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE			

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE Ben Migh

Seattle

UPI Smith Tower LLC c/o Unico Properties LLC 506 Second Avenue, Suite 220

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WA 98104-



DATE (MM/DD/YYYY)

	_									05/	/28/2019		
C B	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.												
lf	SUB	RTANT: If the certificate holder is ROGATION IS WAIVED, subject the subject the state of the subject the state of the stat	to the	e tern	ns and conditions of the p	policy, c	ertain polic	ies may requ					
PRO	DUCE					CONTACT NAME:							
		DML Insurance Services				PHONE (A/C, No.	Ext): (206)	838-9077	FAX (A/C, No):	o):(206)838-9076			
		4005 20th Ave W Ste 132			N/A 00400	E-MAIL ADDRES			(100,100)	<u>, ,</u>			
		Seattle			WA 98199-	ADDRES			DING COVERAGE		NAIC #		
						INSURER A :Ohio Casualty Ins Co					24074		
INSU	RED					INSURER A ONIO Casuary ins Co					24082		
		3R Technology, LLC											
		5511 1st Ave S				INSURER C :							
		Seattle			WA 98108-	INSURER							
						INSURER							
		AGES CER	TIFIC			INSURE	<u>{F:</u>		ED.				
	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:												
IN C	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		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ			
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344		, ,	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR				-			DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000		
									MED EXP (Any one person)	s	10,000		
									PERSONAL & ADV INJURY	s	1,000,000		
									GENERAL AGGREGATE	\$	2,000,000		
	GEN								PRODUCTS - COMP/OP AGG	\$	2,000,000		
									FRODUCTS - COMF/OF AGG	\$	_,,		
В	AUT	OTHER: OMOBILE LIABILITY	x		DA 656722244		6/11/2010	06/11/2020	COMBINED SINGLE LIMIT	s	1,000,000		
	X	ANY AUTO			BAS56732344	U	6/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$.,000,000		
		OWNED SCHEDULED							BODILY INJURY (Per accident)				
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
A	x				10050700044		0/44/0040	00/44/0000		-	1,000,000		
~	^				USO56732344	U U	6/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
			-						AGGREGATE	\$	1,000,000		
Б	WOR	DED X RETENTION \$ 10,000			DI 070700044				V PFR OTH-	\$			
В	AND	EMPLOYERS' LIABILITY Y / N			BLS56732344	0	6/11/2019	06/11/2020	X PER OTH- STATUTE ER	<u> </u>	1 000 000		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
		datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSO	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
		ION OF OPERATIONS / LOCATIONS / VEHIC ertificate holder is an additional insu							ed)				
2010													
		Place LLC naming WH Park Place				ake Unio	n Partners, l	LC and any	subsidiary, affiliate corpo	ration a	and all of their		
dire	ctors	, officers, agents and employees a	re na	med	as additional insureds.								
CE	RTIF	ICATE HOLDER				CANC	ELLATION				AI 009417		

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF	OKE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE	D IN
ACCORDANCE WITH THE POLICY PROVISIONS.	

WA 98101-

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WH Park Place LLC c/o Washington Holdings 600 University Street

Suite 2820

Seattle

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DATE (MM/DD/YYYY) 05/28/2019

									20/2019				
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IN	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an A	DDI	TIONAL INSURED, the po									
	nis certificate does not confer rights to												
PRO	DUCER				CONTA NAME:	СТ							
	DML Insurance Services				PHONE (206)929 0077 FAX (206)929								
	4005 20th Ave W Ste 132				È-MÀIL								
	Seattle			WA 98199-	ADDRESS: INSURER(S) AFFORDING COVERAGE								
						NAIC #							
							sualty Ins Co		24074				
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co		24082				
	3R Technology, LLC				INSURE	RC:							
	5511 1st Ave S				INSURE	RD:							
	Seattle			WA 98108-	INSURE	RE:							
					INSURE	RF:							
CO	VERAGES CER	TIFIC	ATE	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													
С	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		ADDL	SUBR		DEENIN		POLICY EXP (MM/DD/YYYY)	1 11/170					
LTR	TYPE OF INSURANCE	INSD X		POLICY NUMBER					1,000,000				
		^		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED					
	CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurrence) \$	1,000,000				
								MED EXP (Any one person) \$	10,000				
								PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000				
								PRODUCTS - COMP/OP AGG \$	2,000,000				
В		x		DA 050700044		00/44/0040	00/44/0000	COMBINED SINGLE LIMIT	1,000,000				
Б		^		BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$	1,000,000				
	OWNED SCHEDULED												
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE					
	AUTOS ONLY AUTOS ONLY							(Per accident)					
								\$					
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000							\$					
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A		in totop oup				E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under								1,000,000				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$.,				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, mav be	attached if mor	e space is require	ed)					
Belo	ow certificate holder, including KG Invest	ment	Pro	perties and 112th Bellevue	e Opera	ting, LLC, is	an additional	insured with respect to work bei	ng performed				
by t	he named insured.												
CE	RTIFICATE HOLDER				CANC	ELLATION			AI 009434				
	112th Bellevue Operating, LL 11225 SE 6th Street, Suite 21				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Bellevue			WA 98004-	AUTHO	RIZED REPRESE		o ano 1					
							F	En Mish.					
	1						4	on man s					

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	EPRESENTATIVE OR PRODUCER, A IPORTANT: If the certificate holder i				licy(ie:	s) must have		L INSURED provisions o	r be e	ndorsed.			
	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							uire an endorsement. A	staten	nent on			
	DUCER DML Insurance Services				CONTA NAME:	СТ							
	4005 20th Ave W Ste 132				PHONE (A/C, N E-MAIL	<u>, Ext): (200)</u>	838-9077	FAX (A/C, No):	206)8	38-9076			
	Seattle			WA 98199-	ADDRE	SS:							
					INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					NAIC # 24074			
INSU	RED					RB:Ohio See				24082			
	3R Technology, LLC				INSURE	RC:							
	5511 1st Ave S Seattle			WA 98108-	INSURE								
					INSURE								
			-	E NUMBER:				REVISION NUMBER:					
IN C	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		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
В		X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$\$	1,000,000 10,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000			
В	OTHER: AUTOMOBILE LIABILITY	x		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$ \$	1,000,000			
ľ	X ANY AUTO			BA350732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
A	X UMBRELLA LIAB			USO56732344		06/11/2019	06/11/2020		\$	1,000,000			
<u> </u>	EXCESS LIAB OCCUR			03030732344		00/11/2019	00/11/2020	EACH OCCURRENCE	\$\$	1,000,000			
	DED X RETENTION \$ 10,000	1							\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$¢	1,000,000			
	DESCRIPTION OF OPERATIONS BRIDW							E.L. DISEASE - POLICT LIMIT	φ	,			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC DJECT: 1918 Eighth Avenue, Seattle, V			J 101, Additional Remarks Schedul	e, may b	e attached if mor	e space is require	ea)					
Mar	ager: Schnitzer West, LLC												
lan	dlord/Owner: 1918 Eighth Avenue Acqu	lisitio	n. I I I	С									
	itional Insureds: Schnitzer West, LLC,				and the	eir employees	s, agents, sub	sidiaries and affiliates.					
CE	RTIFICATE HOLDER				CAN	ELLATION				AI 009467			
	1918 Eighth Avenue Acquisi c/o: CBRE, Inc.		LC		THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.					
	1918 Eighth Avenue, Suite 300 Seattle WA 98101- AUTHORIZED REPRESENTATIVE Ben Mich												

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	f SUB	RTANT: If the certificate holder is ROGATION IS WAIVED, subject t ertificate does not confer rights to	o the	tern	ns and conditions of the p	policy, o	ertain polic	ies may requ					
PR	ODUCE					CONTAC NAME:	т						
		DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, No	Ext): (206)	838-9077	FAX (A/C, No):(20	06)83	38-9076		
		Seattle			WA 98199-	È-MÁIL ADDRES			· ·				
		Ocalic			WA 30133		IN	SURER(S) AFFOR	DING COVERAGE		NAIC #		
						INSURE	RA:Ohio Cas	sualty Ins Co			24074		
INS	URED					INSURE	<mark>кв</mark> :Ohio Sec	curity Ins Co			24082		
		3R Technology, LLC				INSURE	R C :						
		5511 1st Ave S				INSURE	RD:						
		Seattle			WA 98108-	INSURE	RE:						
						INSURE	RF:						
<u> </u>					ENUMBER:				REVISION NUMBER:				
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	ISR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY EFF POLICY EXP LIMITS												
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344	C	• •	06/11/2020	EACH OCCURRENCE \$		1,000,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	6	1,000,000		
									MED EXP (Any one person) \$	6	10,000		
									PERSONAL & ADV INJURY \$	6	1,000,000		
	GEN	I'L AGGRE <u>GATE</u> LIMIT AP <u>PLIES</u> PER:							GENERAL AGGREGATE \$	6	2,000,000		
									PRODUCTS - COMP/OP AGG \$	P	2,000,000		
в	AUT	OTHER: OMOBILE LIABILITY	x		DA 656722244		06/11/2010	06/11/2020	COMBINED SINGLE LIMIT		1,000,000		
Ľ	X	ANY AUTO			BAS56732344	ľ	06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$				
	-	OWNED SCHEDULED							BODILY INJURY (Per accident)				
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE				
		AUTOS ONLY AUTOS ONLY							_(Per accident) \$				
A	X	UMBRELLA LIAB OCCUR			USO56732344	0	06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000		
		EXCESS LIAB						00/11/2020	AGGREGATE \$		1,000,000		
		DED X RETENTION \$ 10,000							SOURCEATE S		, ,		
В					BLS56732344	(06/11/2019	06/11/2020	X PER OTH-	þ			
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		0,11,2010	00/11/2020	E.L. EACH ACCIDENT \$		1,000,000		
	OFFI	CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	<i>,</i>	1,000,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000		
										,			
DE Wr	SCRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL rvices Address - Facebook NY - 22	ES (A)	cord Par) 101, Additional Remarks Schedul K Avenue South, New York	le, may be k. NY 10	attached if mor	e space is require	ed)				
		of Additional Insured and Waiver of			,	.,							
	p100 0		Cubic	gain									
Su Co	broga rp., 22	te Holder, Facebook Inc., Facebook tion is afforded to the Certificate Ho 25 Fourth LLC and 225 Fourth Corr wording as respects General Liabi	older v Ipany	wher and	e required by written contra American Life LLC (at 270	act. Cov) S Hanf	erage is sub ord St Ste 1	ject to policy	terms and conditions. Orda A 98134) are included as ac	Man	agement		
			-				ELLATION				AI 009486		
		225 Fourth LLC c/o Orda Management Corpo 225 Park Avenue South	ration			SHO THE	ULD ANY OF EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.				
		New York			NY 10003-	AUTHOR	NZED REPRESE		En Mich	~			

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F	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder i	ND TH	IE C	ERTIFICATE HOLDER.								
ŀ	If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to the	terr	ns and conditions of the	policy,	certain polic	cies may requ					
PRO	DML Insurance Services				CONTA NAME: PHONE	(206)	838-9077	FAX (A/C, No):(206\83	38-9076		
	4005 20th Ave W Ste 132 Seattle			WA 98199-	(A/C, No È-MÁIL ADDRE	, ⊑x ij. ` /		(A/C, No):∖	200,00			
					INSURE		surer(s) AFFOR sualty Ins Co	RDING COVERAGE		NAIC # 24074		
INS	SURED 3R Technology, LLC				INSURE		curity Ins Co			24082		
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
	OVERAGES CEF	TIFIC	CATE	E NUMBER:	INSURE	RF:		REVISION NUMBER:				
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	R		SUBR	ł	BEEN K	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
В		X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000 2,000,000		
в	OTHER:	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000		
ľ				DA300732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
								(Per accident)	\$ \$			
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000	1						AGGREGATE	\$\$	1,000,000		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ŷ			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap					\$	1,000,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
TΜ	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) AT Queen Anne Square, Inc; Stockbridge Capital Group, LLC; SteelWave, L.P. and its affiliates, subsidiaries, successors, directors, officers, employees and gents are certificate holders, & additional insureds with respect to services provided at 200-220 West Mercer Street, Seattle, WA. 98119.											
CE	ERTIFICATE HOLDER				CANC	ELLATION				AI 009514		
		200 Mart Marcas Chinese Chines										
	Seattle			WA 98119-		RIZED REPRESI	B	En Mist	2.			

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								_	05/	28/2019
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II If	MPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject his certificate does not confer rights t	s an A to the	DDIT term	FIONAL INSURED, the pons and conditions of the p	oolicy,	certain polic	ies may requ			
	DUCER				CONTA NAME:	()				
	DML Insurance Services				PHONE (A/C. No	(206)	838-9077	FAX (A/C, No)	.(206)83	38-9076
	4005 20th Ave W Ste 132 Seattle			WA 98199-	È-MÁIL ADDRE	SS:				
	Seame			WA 90199-			SURER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	RA:Ohio Cas	sualty Ins Co			24074
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN C	HIS IS TO CERTIFY THAT THE POLICIES (NDICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH		MENT	T, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO ED BY	ONTRACT OR THE POLICIE	OTHER DOCL	IMENT WITH RESPECT TO	WHICH	H THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
В	X COMMERCIAL GENERAL LIABILITY			BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
В	AUTOMOBILE LIABILITY			BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
								BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$	1,000,000
_	DED X RETENTION \$ 10,000							Y PER OTH-	\$	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	STATUTE ER		1 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE		1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		CORD	101. Additional Remarks Schodul	e, may br	attached if mor	e space is require	ed)	1	
DEG	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AU	JUKD	Tor, Additional Remarks Schedul	e, may be		e space is require	eu)		
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 009613
	Labelmaster 400 E Pine St., Suite 325 Seattle			WA 98122-	THE	EXPIRATIO	ON DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.	BE DEI	-
							Ľ	En Mis	hs	

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DATE (MM/DD/YYYY) 05/00/0040

									05/	/28/2019		
E	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.											
	MPORTANT: If the certificate holder is											
	SUBROGATION IS WAIVED, subject							uire an endorsement. A s	taten	nent on		
	his certificate does not confer rights to	o the	cert	ficate noider in lieu of su	CONTA		•					
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C, No):(2	206/0	29.0076		
	4005 20th Ave W Ste 132				(A/C, No È-MAIL	<u>, Ext): (200)</u>	030-9077	(A/C, No):\2	.00)0	50-9070		
	Seattle			WA 98199-	ADDRE							
							surer(s) AFFOR	RDING COVERAGE		NAIC #		
INS	JRED					<u>R в</u> Ohio Sec				24082		
	3R Technology, LLC				INSURE							
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
					INSURE							
СС	VERAGES CER	TIFI	CATE	ENUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES (-		
	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.											
INSF LTR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
								PREMISES (Ea occurrence)	\$	1,000,000		
									\$	10,000		
									\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000 2,000,000		
									\$\$	2,000,000		
в		x		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000		
[X ANY AUTO			DA330732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$, ,		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								· · · ·	\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000								\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (4) 101. Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)				
RE	: Northgate Office Building (NOB)		100112		c, may b		e space is require	54)				
975	50 Third Avenue NE, Seattle, WA 98115											
	thgate Associates and S.K. Koehler & C								rtners	s, Employees,		
Age	ents, Subsidiaries and Affiliates, as previ	ously	, cur	rently or hereafter exist as	their ov	vnership inte	rest may appe	ear.				
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 009636		
	S.K. Koehler & Company dba Koehler & Company 9750 Third Avenue NE, Suite 101											
	Seattle			WA 98115-	AUTHO	RIZED REPRESE		Ben Mich	5			

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DATE (MM/DD/YYYY) 05/28/2019

					•••••	-	05/28/2019				
C B	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.										
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject the subj	an Al	DDITIONAL INSURED, the po terms and conditions of the p	oolicy, certain polic	cies may requ						
	DUCER		crimeate noider in neu or su	CONTACT	•						
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (20	6)838-9076				
	4005 20th Ave W Ste 132			E-MAIL	030-3011	(A/C, No):(20	0)030-3070				
	Seattle		WA 98199-	ADDRESS:							
				INSURER A :Ohio Cas		RDING COVERAGE	NAIC # 24074				
INCI	JRED						24074				
INSU				INSURER B Ohio Sec	curity ins Co		24062				
	3R Technology, LLC 5511 1st Ave S			INSURER C :							
	Seattle		WA 98108-	INSURER D :							
	Ocallic		WA 50100	INSURER E :							
	VED 4 0 5 0										
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											
IN C	NDICATED. NOTWITHSTANDING ANY REG ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	UIREN PERTA	IENT, TERM OR CONDITION OF	ANY CONTRACT OR DED BY THE POLICIE	OTHER DOCU	JMENT WITH RESPECT TO W	HICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
						MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000				
						PRODUCTS - COMP/OP AGG \$	2,000,000				
						\$					
в		x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	1,000,000				
	X ANY AUTO		DA300732344	00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person) \$.,,				
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$					
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE					
	AUTOS ONLY AUTOS ONLY					(Per accident) \$					
A			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
			00000732344	00/11/2013	00/11/2020		1,000,000				
						AGGREGATE \$	1,000,000				
В	UDED A RETENTION \$ 10,000		BLS56732344	06/11/2010	06/11/2020	X PER OTH- STATUTE ER					
	AND EMPLOYERS' LIABILITY Y / N			06/11/2019	00/11/2020		1,000,000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI		ORD 101. Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)					
	ation: 605 5th Ave South, Seattle, WA 9			c, may be allaoned if mor	e opuee is require						
Del	europatificata balden including Catavasu	Kina									
	ow certificate holder, including Gateway CBRE, Inc.; is an additional insured wit										
	,,			,							
<u> </u>							AI 009674				
CE	RTIFICATE HOLDER			CANCELLATION			AI 009074				
	CBRE, Inc 605 5th Ave. S., Suite 110				ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CY PROVISIONS.					
	Seattle		WA 98104-	AUTHORIZED REPRESE		D am-1					
					E	En Mish	2				

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DATE (MM/DD/YYYY) 05/28/2019

C B	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											
IN	REPRESENTATIVE OR PRODUCER, AN MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	an Al	DDIT	IONAL INSURED, the po								
	his certificate does not confer rights to								otaton			
PRO	DUCER				CONTA NAME:	СТ						
	DML Insurance Services				PHONE (A/C. No	(206)	838-9077	FAX (A/C, No):	206)8:	38-9076		
	4005 20th Ave W Ste 132				È-MÁIL ADDRE				,			
	Seattle			WA 98199-	ADDRE					NAIC #		
							sualty Ins Co			24074		
INSL	JRED					R B Ohio Sec				24082		
	3R Technology, LLC									21002		
	5511 1st Ave S				INSURE							
	Seattle			WA 98108-	INSURE							
					INSURE							
	VERAGES CER	TIFIC	ATE	NUMBER:	INSURE	RF:		REVISION NUMBER:				
		-		-								
IN C	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. USR POLICY EFF POLICY EFF POLICY EFF OLICY EFF POLICY											
LTR	TYPE OF INSURANCE	INSD 1		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
В	X COMMERCIAL GENERAL LIABILITY	x	E	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY	X	E	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
								BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								,	\$			
А	X UMBRELLA LIAB OCCUR		l	JSO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000								\$			
В	WORKERS COMPENSATION		E	BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
									<u> </u>			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL tificate holder, its successors and/or ass											
C.F.	RTIFICATE HOLDER				CANO	ELLATION				AI 009900		
BPP Exchange Building Property Owner, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE C/o Equity Office ACCORDANCE WITH THE POLICY PROVISIONS. 821 Second Avenue, Suite 105 ACCORDANCE WITH THE POLICY PROVISIONS.										LED BEFORE		
					AUTHORIZED REPRESENTATIVE Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

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lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the t	erms and conditions of the	policy, certain polic	ies may requ						
	DDUCER			CONTACT NAME:							
	DML Insurance Services				838-9077	FAX (A/C, No):(206)8	38-9076				
	4005 20th Ave W Ste 132 Seattle		WA 98199-	É-MAIL ADDRESS:		1 (· · · · · · · · · · · · · · · · · ·					
	Sealle		WA 90199-	IN	SURER(S) AFFOR	RDING COVERAGE	NAIC #				
				INSURER A :Ohio Cas	sualty Ins Co		24074				
INSU	URED			INSURER B :Ohio Sec	curity Ins Co		24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
				INSURER F :							
CO	OVERAGES CER	TIFIC/	ATE NUMBER:			REVISION NUMBER:					
IN C	THIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIREM PERTA POLICII	IENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE I	ANY CONTRACT OR DED BY THE POLICIE BEEN REDUCED BY F	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO WHIC	H THIS				
INSR LTR		ADDL S	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	. ,	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000				
						MED EXP (Any one person) \$	10,000				
						PERSONAL & ADV INJURY \$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000				
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000				
В	AUTOMOBILE LIABILITY X ANY AUTO	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$	1,000,000				
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$					
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE s					
	AUTOS ONLY AUTOS ONLY					_(Per accident) \$					
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000				
	EXCESS LIAB CLAIMS-MADE			00, 1, 2010	00/11/2020	AGGREGATE \$	1,000,000				
	DED X RETENTION \$ 10,000					S S	,,				
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	Y PER OTH-					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00, 1, 2010	00/11/2020	E.L. EACH ACCIDENT \$	1,000,000				
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$	1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000				
	DESCRIPTION OF OPERATIONS below						, ,				
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL low certificate holder, including Sterling R						ed.				
							AI 009941				
	RTIFICATE HOLDER CANCELLATION Al 009941 Cushman & Wakefield of Texas, Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Cushman & Wakefield of Texas, Inc. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Attn: Leslie Degan 6300 Legacy Drive Plano TX 75024- AUTHORIZED REPRESENTATIVE Ben Michael										
					4	an Illon					

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DATE (MM/DD/YYYY) 05/28/2019

							5/28/2019					
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I	MPORTANT: If the certificate holder is	an Al	DDITIONAL INSURED, the po									
	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to					ure an endorsement. A state	ment on					
	DDUCER			CONTACT NAME:	-							
	DML Insurance Services			DUCHE	838-9077	FAX (A/C, No).(206)	838-9076					
	4005 20th Ave W Ste 132 Seattle		WA 98199-	E-MAIL ADDRESS:								
	Sealle		WA 90199-		SURER(S) AFFOR	RDING COVERAGE	NAIC #					
				INSURER A :Ohio Cas	sualty Ins Co		24074					
INSU	URED			INSURER B:Ohio Sec	curity Ins Co		24082					
	3R Technology, LLC			INSURER C :								
	5511 1st Ave S			INSURER D :								
	Seattle		WA 98108-	INSURER E :								
				INSURER F :								
			ATE NUMBER:			REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN PERTA POLICI	IENT, TERM OR CONDITION OF NN, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAVE	ANY CONTRACT OR DED BY THE POLICII BEEN REDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO WHIC	CH THIS					
INSR LTR	TYPE OF INSURANCE	ADDLS INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$	1,000,000					
						MED EXP (Any one person) \$	10,000					
						PERSONAL & ADV INJURY \$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000					
						PRODUCTS - COMP/OP AGG \$	2,000,000					
в		x	DA050700044	00/11/2010	00/44/0000	COMBINED SINGLE LIMIT \$	1,000,000					
	X ANY AUTO	^	BAS56732344	06/11/2019	06/11/2020	Ea accident) BODILY INJURY (Per person) \$	1,000,000					
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$						
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE \$						
						(Per accident) \$						
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000					
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000					
	DED X RETENTION \$ 10,000					\$						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER						
		N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000					
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000					
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL		ORD 101. Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)						
	ow certificate holder is an additional insu					suj						
CE	RTIFICATE HOLDER			CANCELLATION			AI 009953					
MTG Management Consultants 41 2nd Ave Suite 240 Septile												
	Seattle		WA 98104-	AUTHORIZED REPRESE		En Mich.						
					1	kn Illon						

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C B	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.												
IN If	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	an Al o the	DDITIONAL INSURED, the terms and conditions of t	e policy(ies) must have the policy, certain polic	cies may requ								
	DUCER			CONTACT NAME:	r								
	DML Insurance Services			DUONE	838-9077	FAX (A/C, No):	206)83	38-9076					
	4005 20th Ave W Ste 132		M/A 00400	E-MAIL ADDRESS:		(100,10).	,						
	Seattle		WA 98199-					NAIC #					
					sualty Ins Co			24074					
INSU	URED			INSURER B :Ohio Se	,			24082					
	3R Technology, LLC			INSURER C :	, <u>,</u>								
	5511 1st Ave S			INSURER D :									
	Seattle		WA 98108-	INSURER E :									
				INSURER F :									
co	VERAGES CER	FIFIC	ATE NUMBER:	INSURER F.		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												
C E	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													
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000					
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000					
						MED EXP (Any one person)	\$	10,000					
						PERSONAL & ADV INJURY	\$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000					
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000					
в	AUTOMOBILE LIABILITY	x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000					
-	X ANY AUTO		DA000702044	00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$						
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$						
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$						
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$						
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000					
	EXCESS LIAB CLAIMS-MADE			00, 1, 2010	00, 11,2020	AGGREGATE	\$	1,000,000					
	DED X RETENTION \$ 10,000					AGGREGATE	\$,,					
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH-	φ						
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00/11/2019	00/11/2020		¢	1,000,000					
	OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000					
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		1,000,000					
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000					
TB T Corr shar (coll prim cont A wa Cert	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) TS/RELP LLC, a Washington limited liability company ("Certificate Holder"), USAA Real Estate mpany, Urban Renaissance Property Company LLC, and its owners, members, managers, partners, areholders and affiliates and their officers, directors, employees, agents, and representatives llectively, "Representatives") are Additional Insureds on CGL, Auto and Umbrella. The insurance is mary to any insurance that may be carried by Certificate Holder and its Representatives and includes tractual liability in support of indemnification clause. RE: 300 Boren Ave N and 399 Fairview Avenue N, Seattle, WA 98109. vaiver of subrogation is granted in favor of rtificate Holder and Representatives in accordance with the policy provisions of the CGL, Auto,												
		uired b	y written contract."	041051145101	1			AL 000000					
CE	rella and Workers Compensation policies as required by written contract." AI 009990 RTIFICATE HOLDER CANCELLATION AI 009990 TB TS/RELP LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE C/O Urban Renaissance Property Co. ACCORDANCE WITH THE POLICY PROVISIONS. 300 Boren Ave N Suite 100 ACCORDANCE WITH THE POLICY PROVISIONS.												
	Seattle		WA 98109-	AUTHORIZED REPRES		Sen Mist	12.						

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									05/	/28/2019			
E	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.												
	MPORTANT: If the certificate holder is				licy(ies	s) must have	ADDITIONA	L INSURED provisions or	be e	ndorsed.			
l II	f SUBROGATION IS WAIVED, subject t his certificate does not confer rights to	o the	e terr	ns and conditions of the p	oolicy,	certain polic	ies may requ						
PRC	DDUCER				CONTA NAME:	СТ							
	DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, N	p. Ext): (206)	838-9077	FAX (A/C, No):(2	206)83	38-9076			
	Seattle			WA 98199-	È-MÁIL ADDRE	SS:							
	Coulie			W/(00100				NDING COVERAGE		NAIC #			
					INSURE	R A :Ohio Cas	sualty Ins Co			24074			
INS	URED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082			
	3R Technology, LLC				INSURE	RC:							
	5511 1st Ave S				INSURE	RD:							
	Seattle			WA 98108-	INSURE	RE:							
					INSURE	RF:							
				E 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 TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344			06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
								· · · · ·	\$	10,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC								\$ \$	2,000,000			
в	AUTOMOBILE LIABILITY	х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000			
[⁻	X ANY AUTO			BA000102044		00/11/2015	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
								· /	\$				
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE								\$	1,000,000			
	DED X RETENTION \$ 10,000								\$				
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
719	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 19 Second Ave LLC, Union Investment Real Estate GmbH, Metzler Realty Advisors Inc. & CBRE, Inc are included as additional insured with respect to the remises located at, 719 Second Ave, Seattle, WA 98104 in the building commonly known as Millennium Tower.												
CE	RTIFICATE HOLDER				CANO	ELLATION				AI 010200			
	719 Second Ave LLC c/o CBRE 710 Second Ave, Suite 1508				THE	E EXPIRATIO	ON DATE THI	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BI Y PROVISIONS.					

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DATE (MM/DD/YYYY) 05/28/2019

						_	05/	28/2019	
C E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVELY JRAN(OR NEGATIVELY AMEND	, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED B	у тн	E POLICIES	
I	MPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to	an AD o the te	DITIONAL INSURED, the po erms and conditions of the	policy, certain polic	ies may requ				
	this certificate does not confer rights to ODUCER	the ce	ertificate holder in lieu of su	CONTACT	•				
	DML Insurance Services			NAME:	838-9077	FAX (r	00000	0.0076	
	4005 20th Ave W Ste 132			(A/C, No, Ext): (200) E-MAIL	030-9077	FAX (A/C, No):(2	200)03	0-9076	
	Seattle		WA 98199-	ADDRESS:					
				INSURER A :Ohio Cas		NDING COVERAGE		NAIC # 24074	
	SURED			INSURER A Ohio Cas				24082	
1143	3R Technology, LLC							24002	
	5511 1st Ave S			INSURER C :					
	Seattle		WA 98108-	INSURER D :					
				INSURER E :					
	OVERAGES CER	TIFICA	TE NUMBER:	INSURER F :		REVISION NUMBER:			
	THIS IS TO CERTIFY THAT THE POLICIES O			REEN ISSUED TO TH				RIOD	
	NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIREMI PERTAI	ENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORE	ANY CONTRACT OR DED BY THE POLICIE	OTHER DOCL	JMENT WITH RESPECT TO	WHICH	I THIS	
INSI	R TYPE OF INSURANCE	ADDL SU	JBR (VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6		
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019			\$	1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
							\$	10,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						\$		
в	AUTOMOBILE LIABILITY		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						· /	\$		
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 10,000						\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
<u> </u>									
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)			
CE	ERTIFICATE HOLDER			CANCELLATION				AI 010205	
	ASI System Integration, Inc. 769 Heartland Dr. Unit D				ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.			
	Sugar Grove		IL 60554-	AUTHORIZED REPRESE	NTATIVE	D am-	1		
					1	Sen Mist	La		

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						_			05/	28/2019		
C B	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.											
IN If	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an A o the	DDI tern	TIONAL INSURED, the po ns and conditions of the p	policy,	certain polic	cies may requ					
	is certificate does not confer rights to	o the	certi	ficate holder in lieu of su	Ch end		-					
PRO	DUCER DML Insurance Services				NAME: PHONE			EAY				
	4005 20th Ave W Ste 132				(A/C, No E-MAIL	p, Ext): (206)	838-9077	(A/C, No):	(206)83	38-9076		
	Seattle			WA 98199-	ADDRE	SS:						
								DING COVERAGE		NAIC #		
							sualty Ins Co			24074		
INSU	IRED				INSURE	_{R в} Ohio Se	curity Ins Co			24082		
	3R Technology, LLC				INSURE	RC:						
	5511 1st Ave S			M/A 00400	INSURE	RD:						
	Seattle			WA 98108-	INSURE	RE:						
<u> </u>	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES C			NUMBER:				REVISION NUMBER:				
IN C E	IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	UIREI PERT/	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO DED BY	ONTRACT OR THE POLICI EDUCED BY	OTHER DOCL	IMENT WITH RESPECT TO	WHICH	H THIS		
INSR LTR	TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
В	AUTOMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
								BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000								\$			
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
		N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
TRF	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI PF Millennium Tower LLC, Teachers Ins uded as additional insureds with respect ver.	uranc	e an	d Annuity Association of A	merica	(TIAA), Mille	nnium Tower	Residential Association,	and CE wn as I	BRE, Inc. are Millennium		
	RTIFICATE HOLDER				CANC	ELLATION				AI 010206		
	TRPF Millennium Tower LLC c/o CBRE, Inc. 710 Second Ave, Suite 1508				SHO THE ACC	ULD ANY OF E EXPIRATIO ORDANCE W	THE ABOVE D ON DATE TH ITH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		LED BEFORE		
Seattle WA 98104- AUTHORIZED REPRESENTATIVE Ben Might												

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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 CONTACT NAME:							
DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, No, Ext): (206)838-9077 FAX (A/C, No):(206)838-9076			
Seattle WA 98199-				È-MAIL ADDRESS:			
				INSURER(S) AFFORDING COVERAGE			NAIC #
				INSURER A :Ohio Casualty Ins Co			24074
INSURED				INSURER B :Ohio Security Ins Co			24082
	3R Technology, LLC 5511 1st Ave S		INSURER C :				
	Seattle	WA 98108-		INSURER D :			
co	OVERAGES CER	TIFICA	TE NUMBER:	INSURER F :	REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES (-		BEEN ISSUED TO TH	E INSURED NA		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		ADDL SU	UBR		POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY	INSD W	BLS56732344		(MM/DD/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
						MED EXP (Any one person) \$	10,000
						PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000
						PRODUCTS - COMP/OP AGG \$	2,000,000
В		v				COMBINED SINGLE LIMIT	1,000,000
В		X	BAS56732344	06/11/2019	06/11/2020	Ea accident)	1,000,000
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE s	
	AUTOS ONLY AUTOS ONLY					(Per accident) \$	
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000	1 1				\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
		N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000
	OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Property Address 410(1 December NM, Decem							
1101 Dexter Ave N., Seattle, WA 98109							
Additional Insured Dexter ERFR LLC							
RFR Realty LLC							
Jones Lang LaSalle Americas, Inc. Facebook, Inc.							
	cebook Canada Ltd. es Interests Limited Partnership						
CERTIFICATE HOLDER CANCELLATION AI 010246							
	CR Dexter Station LLC 1101 Dexter Ave N.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Seattle WA 98109-						n n 1	
AUTHORIZED REPRESENTATIVE Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

					••••	_	05/	/28/2019			
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVELY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED E	Y TH	E POLICIES			
1	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the teri	ms and conditions of the p	oolicy, certain polic	ies may requ						
	DDUCER			CONTACT NAME:							
	DML Insurance Services			PHONE (A/C, No, Ext): (206)838-9077 FAX (A/C, No).(206)838-9077							
	4005 20th Ave W Ste 132		M/A 00400	E-MAIL ADDRESS:	,						
	Seattle		WA 98199-		SURER(S) AFFOR	RDING COVERAGE		NAIC #			
				INSURER A :Ohio Cas				24074			
INS	URED			INSURER B :Ohio Sec	curity Ins Co			24082			
	3R Technology, LLC			INSURER C :	· ·						
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
				INSURER F :							
С	OVERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:					
 (THIS IS TO CERTIFY THAT THE POLICIES (NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	H THIS						
INS LTF	TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6				
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000			
						MED EXP (Any one person)	\$	10,000			
						PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000			
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:						\$				
В		X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
						BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED					· · · · · · · · · · · · · · · · · · ·	\$				
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$				
							\$				
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000			
	DED X RETENTION \$ 10,000						\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER		4 000 000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000			
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000			
DF lial lim	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OP Bunker Hill, LLC, a California limited liability company; DP Management Services, Inc.; Urban Renaissance Property Company LLC, a Washington limited ability company; Urban Renaissance Development Company LLC, a Washington limited liability company and Urban Renaissance Group LLC, a Delaware mited liability company are added as additional insured for General Liability and Excess Liability, per endorsement attached, for both ongoing and completed operations as respect to work performed by or on behalf of Name Insured. This insurance is primary and non-contributory per the attached endorsement.										
C	RTIFICATE HOLDER			CANCELLATION				AI 010308			
	DP Bunker Hill, LLC c/o Urban Renaissance Grou	p LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

WA 98101-

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Seattle

1218 Third Avenue, Suite 1705

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DATE (MM/DD/YYYY) 05/28/2019

									05/28/2019
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	TIVEI SURA	LY O	R NEGATIVELY AMEND DOES NOT CONSTITU), EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES
1	MPORTANT: If the certificate holder i	s an /	ADDI	TIONAL INSURED, the po	olicy(ies	s) must have		L INSURED provisions or be	endorsed.
ŀ	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t	to the	e terr	ns and conditions of the	policy,	certain poli	cies may requ		
PR	DDUCER				CONTA NAME:	СТ			
	DML Insurance Services				PHONE (A/C. No	(206)	838-9077	FAX (A/C, No):(206)838-9076
	4005 20th Ave W Ste 132			14/4 00/00	E-MAIL ADDRE				/
	Seattle			WA 98199-	ADDRL			RDING COVERAGE	NAIC #
							sualty Ins Co		24074
INS	URED					RB:Ohio Se			24082
	3R Technology, LLC				INSURE				
	5511 1st Ave S				INSURE				
	Seattle			WA 98108-	INSURE				
					INSURE				
CC	VERAGES CEF	RTIFI	CATE	E NUMBER:	INCONC			REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES				BEEN IS	SUED TO TH			PERIOD
C E	NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER1 POLI	TAIN, CIES.	THE INSURANCE AFFORE	DED BY	THE POLICI EDUCED BY	ES DESCRIBE PAID CLAIMS.		
INSE	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
								MED EXP (Any one person) \$	10,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
								PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:							\$	
в	AUTOMOBILE LIABILITY	X		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
								BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	
								\$	
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000)						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							ed)	
Бе	low certificate holder is an additional ins	urea	with t	espect to work being perio	inneu b	y the named	insurea.		
CE	RTIFICATE HOLDER				CANO	ELLATION			AI 010365
								ESCRIBED POLICIES BE CANC	
	NEC Enterprise Communica	tion T	echn	ologies, Inc.				EREOF, NOTICE WILL BE E	CLIVERED IN
	14335 NE 24th St., Suite 10	1							
	Bellevue			WA 98007-	AUTHO	RIZED REPRES		D am-1	
							F	En Mish	
l I	I				1		1	WIL ITUDIS	

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DATE (MM/DD/YYYY) 05/28/2019

	HIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT							UPON THE CERTIFICATE H	-
B	BELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	URA ID TI	NCE HE C	DOES NOT CONSTITUT ERTIFICATE HOLDER.	TE A C	ONTRACT	BETWEEN T	HE ISSUING INSURER(S), A	UTHORIZED
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	e terr	ns and conditions of the	policy,	certain polic	cies may requ		
	DUCER				CONTA NAME:				
	DML Insurance Services				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)8	38-9076
	4005 20th Ave W Ste 132			N/A 00400	É-MÁIL ADDRE			(100,10).	
	Seattle			WA 98199-	ADDRE		SURER(S) AFFOR	RDING COVERAGE	NAIC #
					INSUR		sualty Ins Co		24074
INSU	JRED					R в :Ohio Seo			24082
	3R Technology, LLC				INSURE		· · · · · · · · · · · · · · · · · · ·		
	5511 1st Ave S				INSURE				
	Seattle			WA 98108-	INSURE				
					INSURE				
0.0	VERAGES CER	TIFIC		NUMBER:	INSURE	K F :		REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO TH			FRIOD
	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIRE	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORE	ANY CO DED BY	ONTRACT OR THE POLICII	OTHER DOCL	JMENT WITH RESPECT TO WHIC	H THIS
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		· ,	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR					00, 1.1, 2010	00/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
								MED EXP (Any one person) \$	10,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
								PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:							\$, ,
в	AUTOMOBILE LIABILITY	Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	1,000,000
[X ANY AUTO	~		DA330732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person) \$,,
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE s	
	AUTOS ONLY AUTOS ONLY							(Per accident) \$	
A	X UMBRELLA LIAB			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
				00000102011		00/11/2010	00/11/2020	AGGREGATE \$	1,000,000
								AGGREGATE \$	1,000,000
в	DED X RETENTION \$ 10,000			BLS56732344		06/11/2019	06/11/2020	Y PER OTH-	
[AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2015	00/11/2020		1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A		WA Slop Gap					1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$.,
L&E dire	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL CRIPTION OF OPERATIONS / LOCATIONS / VEHICL CIP First & Stewart, LLC as its owner , ctors and employees are included as ad	L&B ditior	Rea nal in	Ity Advisors, Inc., its asset sured on the named insure	manag ed's liab	er and JSH F ility policies f	Properties Inc, for any allege	its property manager, and their d liability arising from the name	
Suc	ch insurance is primary and will not seek	cont	rıbuti	on from any other insurand	ce avail	able to the A	dditional Insur	red's.	
30-	day cancellation notice applies.								
CE	RTIFICATE HOLDER					ELLATION			AI 010460
	L&B CIP First & Stewart, LLC c/o JSH Properties Inc. 1809 7th Ave, Suite 1209				тне	EEXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.	
	Seattle			WA 98101-	AUTHO	RIZED REPRESE	INTATIVE	D m-1	
	1						L	En Mich.	

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DATE (MM/DD/YYYY) 05/28/2019

									03/20/2019	
E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED BY	THE POLICIES	
1	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to	an A	DDI	TIONAL INSURED, the po						
	this certificate does not confer rights to									
PRC	ODUCER				CONTAC NAME:	ст				
	DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C. No	. Ext): (206)	838-9077	FAX (A/C, No):(206	5)838-9076	
	Seattle			WA 98199-	È-MÁIL ADDRES	SS:				
	Ocallic			WA 30133		IN	SURER(S) AFFOR	NDING COVERAGE	NAIC #	
					INSURE	RA:Ohio Cas	sualty Ins Co		24074	
INS	URED				INSURE	_{R в :} Ohio Seo	curity Ins Co		24082	
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE	RE:				
					INSURE	RF:				
CO	OVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
ll C	THIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIRE PERT	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO DED BY	ONTRACT OR THE POLICIE	OTHER DOCL	JMENT WITH RESPECT TO WH	IICH THIS	
INSE	B	ADDL	SUBR		DEENIN	POLICY EFF	POLICY EXP	LIMITS		
LTR	X COMMERCIAL GENERAL LIABILITY	INSD X		POLICY NUMBER BLS56732344		<u>(MM/DD/YYYY)</u> 06/11/2019		EACH OCCURRENCE \$	1,000,000	
-	CLAIMS-MADE X OCCUR			DE0307 02044		50/11/2015	00/11/2020	DAMAGE TO RENTED	1,000,000	
								PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
	PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:							\$		
в	AUTOMOBILE LIABILITY	х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
	X ANY AUTO			2,000102011		00/11/2010	00/11/2020	BODILY INJURY (Per person) \$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$		
								() or decidenty \$		
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000	
	DED X RETENTION \$ 10,000							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
		N/ A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL low certificate holder is an additional insu	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)		
Dei			VILLI	espect to work being perior	inieu by		insuleu.			
CE	ERTIFICATE HOLDER				CANC	ELLATION			AI 010488	
	PeopleConnect				THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE I Y PROVISIONS.		
	1			-	AUTHORIZED REPRESENTATIVE Ben Mish					

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C B	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	VEL JRAN	Y OR NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	UPON THE CERTIFICATE H	HE POLICIES		
lf	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	terms and conditions of the	policy, certain polic	cies may requ				
	DDUCER			CONTACT NAME:					
	DML Insurance Services				838-9077	FAX (A/C, No):(206)8	338-9076		
	4005 20th Ave W Ste 132 Seattle		WA 98199-	E-MAIL ADDRESS:					
	Seame		WA 90199-		SURER(S) AFFOR	NDING COVERAGE	NAIC #		
				INSURER A :Ohio Ca	sualty Ins Co		24074		
INSU	URED			INSURER B :Ohio See			24082		
	3R Technology, LLC			INSURER C :					
	5511 1st Ave S			INSURER D :					
	Seattle		WA 98108-	INSURER E :					
				INSURER F :					
CO	OVERAGES CER	FIFIC	ATE NUMBER:			REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES O NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	UIREN PERTA POLIC	MENT, TERM OR CONDITION OF AIN, THE INSURANCE AFFORE IES. LIMITS SHOWN MAY HAVE	ANY CONTRACT OR DED BY THE POLICI BEEN REDUCED BY	OTHER DOCL ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO WHIC	CH THIS		
INSR LTR		ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
						MED EXP (Any one person) \$	10,000		
						PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:					\$			
В	AUTOMOBILE LIABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000		
	X ANY AUTO					BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$			
						\$			
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000					\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
		N/A	WA Stop Gap			E.L. EACH ACCIDENT \$	1,000,000		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1,000,000		
Bel	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ow certificate holder, including the followi DITIONAL INSURED: American Life, Inc.	ng ac	dditional insured, is an addition	al insured with resp	ect to work be	ing performed by the named in	sured.		
CF	RTIFICATE HOLDER			CANCELLATION			AI 010531		
	American Life, Inc. 270 S. Hanford, Suite #100 Seattle		WA 98134-	SHOULD ANY OF	THE ABOVE D ON DATE TH ITH THE POLIC	,			
				AUTHORIZED REPRESENTATIVE Ben Mich					

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DATE (MM/DD/YYYY) 05/28/2019

									/28/2019
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	URA	LY O NCE	R NEGATIVELY AMEND DOES NOT CONSTITU), EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED BY TH	IE POLICIES
	MPORTANT: If the certificate holder i								
	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t							uire an endorsement. A stater	nent on
_	DUCER		UCIT		CONTA NAME:		•		
	DML Insurance Services				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)8	38-9076
	4005 20th Ave W Ste 132 Seattle			WA 98199-	É-MÁIL ADDRE				
	Sealle			WA 90199-		IN		RDING COVERAGE	NAIC #
							sualty Ins Co		24074
INS	URED				INSURE	_{R в :} Ohio Se	curity Ins Co		24082
	3R Technology, LLC				INSURE	RC:			
	5511 1st Ave S Seattle			WA 98108-	INSURE	RD:			
	Seame			WA 90100-	INSURE	RE:			
	OVERAGES CEF		~ A TE	NUMBER:	INSURE	RF:		REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES				BEEN IS	SUED TO TH			ERIOD
	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERT	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORE	F ANY CO DED BY	ONTRACT OR THE POLICI	OTHER DOCL	JMENT WITH RESPECT TO WHIC	H THIS
INSF	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		· ,	06/11/2020	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
								MED EXP (Any one person) \$	10,000
								PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
								PRODUCTS - COMP/OP AGG \$	2,000,000
В	OTHER: AUTOMOBILE LIABILITY	x		DA 050700044		00/44/0040	00/44/0000	COMBINED SINGLE LIMIT \$	1,000,000
	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	Ea accident) BODILY INJURY (Per person) \$	1,000,000
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE \$	
								(Peraccident) \$	
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000
	DED X RETENTION \$ 10,000							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000
L									
Bel	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC ow certificate holder is an additional ins	ured v	with r	espect to work being perfo	brmed by	y the named	e space is require insured.	90)	
CE	RTIFICATE HOLDER				CANC	ELLATION			AI 010611
	CyberCrunch 1628 Roseytown Rd, Unit 9			DA 15004	THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE EY PROVISIONS.	
	Greensburg			PA 15601-	AUTHORIZED REPRESENTATIVE Ben Mish				

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DATE (MM/DD/YYYY) 05/28/2019

									05/	28/2019		
E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVEL' URAN	Y OF NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	TER THE CO	VERAGE AFFORDED E	BY TH	E POLICIES		
	MPORTANT: If the certificate holder is											
	SUBROGATION IS WAIVED, subject the subject the subject the subject the subject to be s							uire an endorsement. A s	statem	ent on		
	DUCER	o ine i	certii	icate fiolder in fied of su	CONTA		•					
	DML Insurance Services				NAME: PHONE	E	838-9077	FAX (A/C, No):(-	206)83	38-9076		
	4005 20th Ave W Ste 132			N/A 00400	E-MAIL	, EXU . (/		(A/C, NO).				
	Seattle			WA 98199-	ADDILL		SURER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE		sualty Ins Co			24074		
INS	JRED				INSURE	_{R B :} Ohio Seo	curity Ins Co			24082		
	3R Technology, LLC				INSURE	RC:						
	5511 1st Ave S				INSURE	RD:						
	Seattle			WA 98108-	INSURE	RE:						
Ļ					INSURER F :							
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES (REVISION NUMBER:		PIOD		
	NDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTA POLICI	VENT AIN, 1 IES. L	, TERM OR CONDITION OF THE INSURANCE AFFORD	ANY CO ED BY	ONTRACT OR THE POLICIE EDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	I THIS		
INSF LTR		ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
В	X COMMERCIAL GENERAL LIABILITY	X	ŀ	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
								PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
в	OTHER: AUTOMOBILE LIABILITY	x		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			2/1000102044		50/11/2010	00/11/2020	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								, ,	\$			
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000		
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION							Y PER OTH-	\$			
в	AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		1 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$.,		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							ed)				
Bel	ow certificate holder is an additional insu	ured w	ith re	espect to work being perfor	rmed by	the named	insured.					
L										AL 040707		
CE	RTIFICATE HOLDER				CANC	ELLATION				AI 010727		
	Pacific Software Publishing, l 1404 140th Place NE, Bellev Bellevue		A 98	007 WA 98007-	THE	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.				
					AUTHO	RIZED REPRESE		K Min	9			
		AUTHORIZED REPRESENTATIVE Ben Mish										

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DATE (MM/DD/YYYY) 05/28/2019

C B	HIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRAI	Y O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE		TER THE CO	VERAGE AFFORDED B	E HC	IE POLICIES
IN If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an A o the	DDI tern	TIONAL INSURED, the po ns and conditions of the	policy,	certain polic	ies may requ			
	his certificate does not confer rights to	o the	certi	ficate holder in lieu of su	Ch end		•			
PRO	DUCER DML Insurance Services				NAME: PHONE			FAX (a		
	4005 20th Ave W Ste 132				A/C, No E-MAIL	p, Ext): (206)	838-9077	FAX (A/C, No):(2	206)8	38-9076
	Seattle			WA 98199-	ADDRE	SS:				
								RDING COVERAGE		NAIC #
							sualty Ins Co			24074
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co			24082
	3R Technology, LLC				INSURE	RC:				
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE	RE:				
					INSURE	RF:				
со	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO TH			ICY P	ERIOD
C E	NDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN, IES.	THE INSURANCE AFFORE	DED BY	THE POLICIE	ES DESCRIBE PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
в		х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000
[X ANY AUTO	~		DA330732344		00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$,,
	OWNED SCHEDULED								\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A				110056722244		06/11/2010	06/11/2020		-	1,000,000
<u> </u> ^				USO56732344		06/11/2019	06/11/2020		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
В						/ /		X PER OTH-	\$	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	▲ STATUTE ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ow certificate holder, including GI TC Se									
	RTIFICATE HOLDER				CANO	ELLATION				AI 010736
	GI TC Property Management 1404 140th Place NE Bellevue		WA 98007-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					LED BEFORE	
					Ben Mish					

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DATE (MM/DD/YYYY)

								05/	/28/2019		
	CERTIFICATE BELOW. THIS	DOES NOT AFFIRMA CERTIFICATE OF INS	TIVELY SURAN	ER OF INFORMATION ONLY OR NEGATIVELY AMEND CE DOES NOT CONSTITUT CERTIFICATE HOLDER.	EXTEND OR AL	FER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES		
	If SUBROGATI	ON IS WAIVED, subject	to the t	DITIONAL INSURED, the po erms and conditions of the p ertificate holder in lieu of suc	olicy, certain polic	cies may requ					
-	RODUCER				CONTACT						
· ·		Insurance Services			NAME: PHONE (A/C No Ext), (206)	38-9076					
	400	5 20th Ave W Ste 132			AC, No, Ext): (206) E-MAIL ADDRESS:	50 5070					
	Sea	ttle		WA 98199-					NAIC #		
					INSURER A :Ohio Cas				24074		
IN	SURED				INSURER B :Ohio Sec				24082		
		Technology, LLC									
		1 1st Ave S			INSURER C :						
	Sea			WA 98108-	INSURER D :						
					INSURER F :						
	OVERAGES	CF	TIFICA	TE NUMBER:	INSURER F :		REVISION NUMBER:				
<u> </u>				RANCE LISTED BELOW HAVE E	BEEN ISSUED TO TH			LICY P	ERIOD		
	INDICATED. NO CERTIFICATE I EXCLUSIONS AI	TWITHSTANDING ANY RE IAY BE ISSUED OR MAY	QUIREM PERTAI POLICIE	ENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE E	ANY CONTRACT OR ED BY THE POLICII BEEN REDUCED BY I	OTHER DOCL ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	H THIS		
	SR [R TY	PE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
В	X COMMERC		X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	CLAI	IS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
							MED EXP (Any one person)	\$	10,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREG	ATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
	POLICY	PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							\$			
в		ABILITY	X	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED AUTOS ON						BODILY INJURY (Per accident)				
	HIRED AUTOS ON	LY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
Ļ								\$			
A	X UMBRELL	OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS L						AGGREGATE	\$	1,000,000		
L	DED X	RETENTION \$ 10,00						\$			
В	WORKERS COM AND EMPLOYER			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	<u> </u>			
	ANY PROPRIETO OFFICER/MEMB	R/PARTNER/EXECUTIVE	N/A	WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in N If yes, describe u	l)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
		F OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
U th	nico Properties e premises ope	LC, Spring and 1111 Th ations of the named insu	ird Prop red. Wa	DRD 101, Additional Remarks Schedule erty (SEA) LLC, including thei iver of subrogation applies. Co	r affiliates, officers, overage provided to	directors and the additional	employees are additiona I insured shall be priman	/ and n	noncontributory.		
		s agreed that the policies referenced in this certificate shall not be canceled or limits reduced without (30) days advance notice to the additional insured. ditional Insured endorsement for premises operations with primary and noncontributory clause is attached to this certificate.									
<u> </u>		OLDER			CANCELLATION				AI 010867		
		ng and 1111 Third Prop Unico Properties LLC	erty (SE	A) LL		ON DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.				

1111 3rd Avenue, Suite 310 WA 98101-

AUTHORIZED REPRESENTATIVE

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Mich
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m

Seattle



DATE (MM/DD/YYYY) 05/28/2019

, 									05/	/28/2019
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	FIVE URA		R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	ЗҮ ТН	IE POLICIES
I	MPORTANT: If the certificate holder i	s an /	ADDI	TIONAL INSURED, the po	olicy(ies) must have		L INSURED provisions o	r be e	ndorsed.
	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t							uire an endorsement. A	staten	nent on
	DUCER	o the	cent	incate holder in lieu of su	CONTA		•			
	DML Insurance Services				NAME: PHONE	(206)	838-9077	FAX (A/C. No):(206)8	38-9076
	4005 20th Ave W Ste 132				(A/C, No È-MAIL	, EXU. (/	000 0011	(A/C, NO):\		
	Seattle			WA 98199-	ADDRE					NAIC #
					INSURF		sualty Ins Co			24074
INS	URED						curity Ins Co			24082
	3R Technology, LLC				INSURE					
	5511 1st Ave S				INSURE	RD:				
	Seattle			WA 98108-	INSURE	RE:				
					INSURE	RF:				
<u> </u>				E NUMBER:				REVISION NUMBER:		
I C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE PER POLI	EMEN FAIN, CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	ANY CO DED BY	ONTRACT OR THE POLICII EDUCED BY I	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	H THIS
INS	I YPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
								PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$\$	2,000,000
								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
в		v						COMBINED SINGLE LIMIT	\$ \$	1,000,000
В	X ANY AUTO	X		BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
А	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000)							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							ed)		
		ipui i	tour i		ive out it.					
CE					CANO	ELLATION				AI 010999
	929 Office Tower Principal Real Estate Investo Investment Properties, and V				ТНЕ	EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	Associates, LLC 929 108th Ave NE Bellevue			WA 98004-	AUTHO	RIZED REPRESE		Sen Mist	122	
	1				I		9			

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DATE (MM/DD/YYYY) 05/28/2019

						_		0	5/28/2019	
C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INSI EPRESENTATIVE OR PRODUCER, AN	IVEL URA	Y O NCE	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTE	END OR ALT	FER THE CO	VERAGE AFFORDED BY T	HE POLICIES	
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	o the	e terr	ns and conditions of the p	oolicy,	certain polic	cies may requ			
	is certificate does not confer rights to	b the	cert	ficate holder in lieu of su	CONTA		•			
PRO	DUCER DML Insurance Services				NAME:			- FAX		
	4005 20th Ave W Ste 132				PHONE (ACL No, Ext): (206)838-9077 FAX (A/C, No):(206)838-907					
	Seattle			WA 98199-	E-MAIL ADDRESS:					
						NAIC #				
					INSUR	ER A :Ohio Ca	sualty Ins Co		24074	
INSU	IRED				INSUR	ER B :Ohio Seo	curity Ins Co		24082	
	3R Technology, LLC				INSURI					
	5511 1st Ave S				INSURE					
	Seattle			WA 98108-						
					INSURE					
	VERAGES CER		~~	E NUMBER:	INSURE	<u>-RF:</u>		REVISION NUMBER:		
<u> </u>	HIS IS TO CERTIFY THAT THE POLICIES O	_	-	-						
IN C E)	IDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	UIRE PERT POLIC	MEN AIN, CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	ANY C ED BY	ONTRACT OR THE POLICII	OTHER DOCL ES DESCRIBE PAID CLAIMS.	IMENT WITH RESPECT TO WHIC	CH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
								MED EXP (Any one person) \$	10,000	
								PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
								PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:							\$,,	
в		х		DA 050700044		00/44/0040	00/11/2020	COMBINED SINGLE LIMIT	1,000,000	
	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person) \$	1,000,000	
	OWNED SCHEDULED									
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)		
<u> </u>								\$		
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000	
	DED X RETENTION \$ 10,000							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
EOS	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL S at Ridgewood Corporate Center II, LLC ivalent.								i/85 Form B or	
	RTIFICATE HOLDER				CAN				AI 011198	
	EOS at Ridgewood Corporate CBRE, Inc. 1909 214th Street SE, Suite 1		iter II		CANCELLATION AI 011198 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Bothell			WA 98021-	AUTHORIZED REPRESENTATIVE Ben Migh					

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DATE (MM/DD/YYYY) 05/28/2019

								0	5/28/2019		
C E	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.										
	MPORTANT: If the certificate holder is				licy(ies) must have		L INSURED provisions or be	endorsed.		
lf	SUBROGATION IS WAIVED, subject this certificate does not confer rights to	o the	e terr	ns and conditions of the	policy,	certain polic	cies may requ				
	DUCER				CONTA		•				
	DML Insurance Services				NAME: FAX PHONE (A/C, No. Ext): (A/C, No. Ext): (206)838-9077						
	4005 20th Ave W Ste 132			M/A 00400	(A/C, No, Ext): (200)030-9077 (A/C, No):(200)03 E-MAIL ADDRESS:						
	Seattle			WA 98199-	ADDRESS: INSURER(S) AFFORDING COVERAGE						
					INSURE	RA:Ohio Ca	sualty Ins Co		24074		
INSU	JRED					_{R в :} Ohio Seo			24082		
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
			-	ENUMBER:				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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							COMBINED SINGLE LIMIT			
В		Х		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000		
	X ANY AUTO							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)			
A				110056722244		06/11/2010	06/11/2020	\$	1,000,000		
				USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
								AGGREGATE \$	1,000,000		
в	DED X RETENTION \$ 10,000			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
–	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		00/11/2015	00/11/2020	STATUTE ÉR E.L. EACH ACCIDENT \$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	DESCRIPTION OF OPERATIONS DEIOW										
L											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (4	CORE	101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)			
	ow certificate holder, including Facebook ng performed by the named insured.	, Inc	., ⊦a	cebook Canada Ltd., Hines	Interes	sts Limited P	artnership, ar	e an additional insured with re-	spect to work		
Loc	ation: 1101 Dexter Avenue N. Seattle W	A 98	109								
CE	RTIFICATE HOLDER				CANC	ELLATION			AI 011203		
	Hines Interests Limited Partne Facebook, Inc 1 Hacker Way Bldg. 10	р		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Menlo Park			CA 94025-	AUTHO	RIZED REPRESE		D am-1			
							F	En Mish.			
l I	1						5	OIL THEFT			

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DATE (MM/DD/YYYY) 05/28/2019

						_	05/2	28/2019		
	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	IVELY JRANC	OR NEGATIVELY AMEND CE DOES NOT CONSTITUT	, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED B	Y THI	E POLICIES		
	IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	an AD o the te	DITIONAL INSURED, the po erms and conditions of the p	oolicy, certain polic	ies may requ					
	ODUCER	the ce		CONTACT	•					
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX (A/C, No):(2)	06)83	8-9076		
	4005 20th Ave W Ste 132			È-MÀIL				0 3070		
	Seattle		WA 98199-	ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC #		
				INSURER A Ohio Cas				24074		
INS	SURED			INSURER B :Ohio Sec				24082		
	3R Technology, LLC			INSURER C :						
	5511 1st Ave S			INSURER D :						
	Seattle		WA 98108-	INSURER E :						
				INSURER F :						
С	OVERAGES CER	TIFICA	TE 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.									
INS LTI	R TYPE OF INSURANCE	ADDL SU	IBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	6	1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	6	1,000,000		
						MED EXP (Any one person)	6	10,000		
						PERSONAL & ADV INJURY	,	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	6	2,000,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	,	2,000,000		
В	AUTOMOBILE LIABILITY		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	6	1,000,000		
	X ANY AUTO					BODILY INJURY (Per person)	6			
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	6			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	6			
						9	6			
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	<i>,</i>	1,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	6	1,000,000		
<u> </u>	DED X RETENTION \$ 10,000					Y PER OTH-	5			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X STATUTE ER		4 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap			E.L. EACH ACCIDENT	-	1,000,000		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		1,000,000		
	DÉSÉRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	6	1,000,000		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACO	RD 101, Additional Remarks Schedul	e, may be attached if mor	e space is require	ed)				
	ERTIFICATE HOLDER							AI 011228		
	Predictera LLC Attention: Ranimadhura Akna 1009 159th PL SE, Bellevue,		008	THE EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.		ED BEFORE		
	Bellevue		WA 98008-	AUTHORIZED REPRESE		En Mish	3			

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DATE (MM/DD/YYYY) 05/28/2019

_									5/20/2019		
C B	HIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INSU EPRESENTATIVE OR PRODUCER, AN	IVEL JRA	LY O NCE	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE		FER THE CO	VERAGE AFFORDED BY T	HE POLICIES		
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t his certificate does not confer rights to	o the	e tern	ns and conditions of the	policy,	certain polic	cies may requ				
<u> </u>	DUCER		COLL	incate notaer in neu or su	CONTA	,	•				
	DML Insurance Services				NAME: PHONE	(000)	000 0077	FAX (200)	000.0070		
	4005 20th Ave W Ste 132				(A/C, No È-MÁIL	p, Ext): (200)	838-9077	FAX (A/C, No):(206)	030-9070		
	Seattle			WA 98199-	ADDRE	SS:					
									NAIC #		
							sualty Ins Co		24074		
INSU	JRED				INSURE	_{R в :} Ohio Seo	curity Ins Co		24082		
	3R Technology, LLC				INSURE	RC:					
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
INSURER F :											
<u> </u>	VERAGES CER	TIFIC	CATE	ENUMBER:				REVISION NUMBER:			
IN C E	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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344	_	06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	10,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
								PRODUCTS - COMP/OP AGG \$	2,000,000		
								\$,,		
в		Х		DA 656700044		06/11/2010	06/11/2020	COMBINED SINGLE LIMIT ¢	1,000,000		
Ľ	X ANY AUTO	^		BAS56732344		06/11/2019	06/11/2020	Ea accident) BODILY INJURY (Per person) \$	1,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED										
	AUTOS ONLY AUTOS ONLY							(Per accident)			
						/ /		\$	4 000 000		
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000							\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL										
	entity of 1101 Westlake, LLC & CBRE a								eattle, WA		
981	09 in the building commonly known as 1	101	vvest	lake. Additional insured pe	er policy	language: Ir	ivesco Realty	Advisors and CBRE, Inc.			
Ļ									AL 044000		
CE	RTIFICATE HOLDER					ELLATION			AI 011288		
	1101 Westlake, LLC							ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D			
	c/o CBRE, Inc							Y PROVISIONS.			
	710 Second Ave, Suite 1508										
	Seattle			WA 98104-	AUTHO	RIZED REPRESE		D am. 1			
	ocallo			WA JUIU 1 -			F	Sen Mish			
							4	an man			

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DATE (MM/DD/YYYY) 05/28/2019

							05/	/28/2019		
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVELY O	R NEGATIVELY AMEND	, EXTEND OR AL	FER THE CO	VERAGE AFFORDED E	зү тн	E POLICIES		
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	to the terr	ns and conditions of the	policy, certain polic	cies may requ					
	DUCER		incate noider in neu or su	CONTACT	•					
	DML Insurance Services			NAME: PHONE (206)838-9077 FAX (A/C, No. Ext): (206)838				28 0076		
	4005 20th Ave W Ste 132			È-MÁIL				50-5070		
	Seattle		WA 98199-	ADDRESS:						
				INSURER A :Ohio Cas		RDING COVERAGE		NAIC # 24074		
	JRED							24074		
INSU				INSURER B :Ohio Sec				24002		
	3R Technology, LLC 5511 1st Ave S			INSURER C :						
	Seattle		WA 98108-	INSURER D :						
	Count									
			E NUMBER:	INSURER F :						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES (-				REVISION NUMBER:				
	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 SUBP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
						MED EXP (Any one person)	\$	10,000		
						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
						PRODUCTS - COMP/OP AGG	\$	2,000,000		
							\$			
в			BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000		
-	X ANY AUTO		DA0307 32344	00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$			
A	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			00/11/2010	00/11/2020	AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000	1 1				AGGREGATE	\$,,		
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	φ			
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap	00/11/2013	00/11/2020		\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N / A	WA Stop Gap			E.L. EACH ACCIDENT	- T	1,000,000		
	If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1.000.000		
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC) 101 Additional Pomarke Schodu	lo may be attached if mor	o enaco ie roquir) 2d)				
DEG	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	o tot, Additional Remarks Schedu	ile, may be attached if mor	e space is require	eu)				
Ļ										
CE	RTIFICATE HOLDER							AI 011346		
	Cyxtera Tukwila WA 6106 S 180th S		WA 02400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Tukwila		WA 98188-	AUTHORIZED REPRESE	INTATIVE	D om-	1			
					D	Sen Mist	2			

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DATE (MM/DD/YYYY)

									05/	/28/2019	
C E	ERT	CERTIFICATE IS ISSUED AS TIFICATE DOES NOT AFFIRM OW. THIS CERTIFICATE OF IN ESENTATIVE OR PRODUCER,	ATIVE	LY O	R NEGATIVELY AMEND DOES NOT CONSTITUT	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES	
		RTANT: If the certificate holde				licv(ies) must hav		L INSURED provisions	or be e	ndorsed.	
		BROGATION IS WAIVED, subject									
t	his co	ertificate does not confer rights	s to th	e cert	ficate holder in lieu of su		s).				
PRC	DUCE	R DML Insurance Services				CONTACT NAME:					
		4005 20th Ave W Ste 132							<u>ه):</u> (206)838-9076		
		Seattle			WA 98199-	É-MAIL ADDRESS:					
								RDING COVERAGE		NAIC #	
						INSURER A :Ohio Ca				24074	
INS	JRED					INSURER B : Ohio Se	ecurity Ins Co			24082	
		3R Technology, LLC				INSURER C :					
		5511 1st Ave S			14/4 08108	INSURER D :					
		Seattle			WA 98108-	INSURER E :					
				<u> </u>		INSURER F :					
								REVISION NUMBER:			
II C	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.										
INSF	2	TYPE OF INSURANCE				POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMI	ſS		
В	X	COMMERCIAL GENERAL LIABILITY	X		BLS56732344	06/11/2019		EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
			_					MED EXP (Any one person)	\$	10,000	
			_					PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
В	AUT		X		BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO						BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
А	X	UMBRELLA LIAB OCCUR			USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	\$	1,000,000	
		DED X RETENTION \$ 10,0	00						\$		
В		RKERS COMPENSATION			BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N//		WA Stop Gap			E.L. EACH ACCIDENT	\$	1,000,000	
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES	s, describe under CRIPTION OF OPERATIONS below	_					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPT	rion of operations / Locations / ver lingford Plaza at 4468 Stone Wa		ACORE	0 101, Additional Remarks Schedul	e, may be attached if m	ore space is require	ed)			
	. mai		,	attio,							
Bel	ow ce	ertificate holder are an additional	insure	d with	respect to work being perf	ormed by the nam	ed insured.				
							-			AL 04 / 07 -	
CE	RTIF	FICATE HOLDER				CANCELLATIO	N			AI 011359	
								ESCRIBED POLICIES BE C		I ED BEFORE	
		CBRE					ION DATE TH	EREOF, NOTICE WILL I			

CERTIFICATE HOLDER		CANCELLATION AI 01135
CBRE 1601 5th Avenue, Suite 400		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Seattle	WA 98101-	AUTHORIZED REPRESENTATIVE Ben Mish.



DATE (MM/DD/YYYY) 05/28/2019

c	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										
R	EPRE IPOR	SENTATIVE OR PRODUCER, AN TANT: If the certificate holder is ROGATION IS WAIVED, subject t	ID TH an A	HE C	ERTIFICATE HOLDER. TIONAL INSURED, the po	olicy(ies	s) must have		L INSURED provisions o	r be e	ndorsed.
		rtificate does not confer rights to								otaton	
PRO	DUCER					CONTA NAME:	СТ				
		DML Insurance Services				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(206)83	38-9076
		4005 20th Ave W Ste 132			W/A 00100	È-MAIL ADDRE					
		Seattle			WA 98199-	ADDILL		SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSUR		sualty Ins Co			24074
INSU	IRED							curity Ins Co			24082
		3R Technology, LLC						,			
		5511 1st Ave S				INSURE					
		Seattle			WA 98108-	INSURE					
						INSURE					
		AGES CER	TIEI	~ ^ T	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
		TO CERTIFY THAT THE POLICIES C		-	-						
IN C E	IDICA ERTIF XCLUS	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH I	UIRE PERT POLIC	MEN AIN,	T, TERM OR CONDITION OF THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	ANY CO	ONTRACT OR THE POLICI EDUCED BY	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO	WHICH	H THIS
INSR LTR		TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X		Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN'	L AGGRE <u>GATE</u> LIMIT AP <u>PLIES</u> PER:							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
В		DMOBILE LIABILITY	Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			2,1000102044		00/11/2010	00/11/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A	x				USO56732344		06/11/2019	06/11/2020			1,000,000
					05056732344		00/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
									AGGREGATE	\$	1,000,000
В		DED X RETENTION \$ 10,000					00/44/0040	00/11/0000	X PER OTH-	\$	
Р	AND E	MPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	▲ STATUTE ER		1 000 000
		ROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mand	latory in NH) describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES Belo	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICL rtificate holder are an additional ins	.es (A Sured	CORE with	9 101, Additional Remarks Schedu respect to work being per	ile, may be formed	a attached if mor by the name	e space is require d insured.	əd)		
CF	RTIFI	CATE HOLDER				CONC	ELLATION				AI 011363
		Gateway King, LLC Union Station 605 5th Ave S. Seattle		WA 98104-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					LED BEFORE	
						AUTHORIZED REPRESENTATIVE Ben Mish					

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DATE (MM/DD/YYYY) 05/28/2019

							05/28/2019				
C E	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.										
	MPORTANT: If the certificate holder is										
	SUBROGATION IS WAIVED, subject t his certificate does not confer rights to					uire an endorsement. A s	tatement on				
	DUCER	J the Ce	ertificate noider in fied of Su	CONTACT	•						
	DML Insurance Services			NAME: PHONE (206)	838-9077	FAX NO 12	06)838-9076				
	4005 20th Ave W Ste 132			(A/C, No, Ext): (200)030-9077 (A/C, No):(200)03 E-MAIL ADDRESS:							
	Seattle		WA 98199-		SURER(S) AFFOR		NAIC #				
				INSURER A :Ohio Ca			24074				
INSU	JRED			INSURER B :Ohio See			24082				
	3R Technology, LLC			INSURER C :							
	5511 1st Ave S			INSURER D :							
	Seattle		WA 98108-	INSURER E :							
				INSURER F :							
						REVISION NUMBER:					
II C E	HIS IS TO CERTIFY THAT THE POLICIES ON NDICATED. NOTWITHSTANDING ANY REG ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	UIREMI PERTAI POLICIE	ENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAVE	ANY CONTRACT OR DED BY THE POLICI BEEN REDUCED BY	OTHER DOCU ES DESCRIBE PAID CLAIMS.	JMENT WITH RESPECT TO V	VHICH THIS				
INSR LTR		ADDL SU	JBR IVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344	06/11/2019	06/11/2020	EACH OCCURRENCE S	\$ 1,000,000				
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 1,000,000				
							<u>\$ 10,000</u>				
							\$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$2,000,000 \$2,000,000				
							\$ <u>2,000,000</u>				
в	OTHER:	x	BAS56732344	06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$ 1,000,000				
[X ANY AUTO		DA000702044	00/11/2019	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$				
						· · · ·	\$				
А	X UMBRELLA LIAB OCCUR		USO56732344	06/11/2019	06/11/2020	EACH OCCURRENCE	\$ 1,000,000				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,000,000				
_	DED X RETENTION \$ 10,000						\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	4 000 000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				<u>\$ 1,000,000</u>				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000				
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (ACC	DRD 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)					
Bel	ow certificate holder are an additional in	sured w	with respect to work being peri	formed by the name	d insured.						
							AI 011364				
CE	RTIFICATE HOLDER			CANCELLATION			AI UT 1304				
	RPT Wallingford Plaza Wallingford Plaza 4468 Stone Way N			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Seattle		WA 98103-	AUTHORIZED REPRESE		R mil					
				AUTHORIZED REPRESENTATIVE Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

								05	/28/2019	
C B	HIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	IVELY O	R NEGATIVELY AMEND), EXTE	ND OR AL	FER THE CO	VERAGE AFFORDED	ВҮ ТН	IE POLICIES	
II If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t	an ADD	TIONAL INSURED, the po ms and conditions of the	policy,	certain polic	cies may requ				
t	his certificate does not confer rights to	the cert	ificate holder in lieu of su			•				
PRO	DUCER DML Insurance Services			CONTAC NAME:	1					
	4005 20th Ave W Ste 132			PHONE (206)838-9077 FAX (A/C, No):(206)838-				38-9076		
	Seattle		WA 98199-	È-MÀIL ADDRES	SS:					
	ocalle		WA 30133		IN	SURER(S) AFFOR	NDING COVERAGE		NAIC #	
				INSURE	RA:Ohio Ca	sualty Ins Co			24074	
INSU	JRED			INSURF	_{в в} .Ohio Seo	curity Ins Co			24082	
	3R Technology, LLC			INSURE						
	5511 1st Ave S									
	Seattle		WA 98108-	98108- NOUDER D :						
0.0	VERAGES CER	TIFICATI	E NUMBER:	INSURE	KF:		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES C			BEENIS	SUED TO TH			LICY P	FRIOD	
IN C E	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 SUBP	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ſS		
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344		06/11/2019		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$, ,	
в			DAS56722244		06/11/2010	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO		BAS56732344	ĺ	06/11/2019	06/11/2020	(Ea accident) BODILY INJURY (Per person)	\$.,	
	OWNED SCHEDULED						BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
A			LICO56722244		06/11/2010	06/11/2020			1,000,000	
ľ`			USO56732344	ĺ	06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000	
							AGGREGATE	\$	1,000,000	
в	DED X RETENTION \$ 10,000		DI 050700044		00/44/0040	00/44/0000	Y PER OTH-	\$		
P	AND EMPLOYERS' LIABILITY Y / N		BLS56732344	1	06/11/2019	06/11/2020	A STATUTE ÉR		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DEC			101 Additional Romanica Calester	10 mars -	attached !f	o enges la samilar	A)	L		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORI	J 101, Additional Remarks Schedu	lie, may be	attached if mor	e space is require	20)			
CE	RTIFICATE HOLDER				ELLATION				AI 011381	
							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E		-	
	AQUENT						Y PROVISIONS.	,E DE		
	1109 North 36th Street, Suite	А								
	Seattle		WA 98103-	AUTHO	RIZED REPRESE		0 00-	1		
						1	San Illin	1		
	Authorized Representative Ben Mish									

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C E	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.									
lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t his certificate does not confer rights to	o the	e terr	ns and conditions of the p	oolicy,	certain polic	ies may requ			
	DUCER DML Insurance Services) uie	Certi	incate fiolder in fied of Su	CONTA NAME:	ст				
	4005 20th Ave W Ste 132 Seattle			WA 98199-	PHONE (A/C, No E-MAIL ADDRE	b, Ext): (200)	838-9077	FAX (A/C, No):(2	206)8	38-9076
	Sealle			WA 30133-	INSURER(S) AFFORDING COVERAGE INSURER A :Ohio Casualty Ins Co					NAIC #
INSI	JRED					<u>R A</u> :Ohio Cas R в:Ohio Sec				24074
	3R Technology, LLC 5511 1st Ave S				INSURER C :					
	Seattle			WA 98108-	INSURE					
	VERAGES CER		~ A TE	E NUMBER:	INSURE	RF:		REVISION NUMBER:		
<u> </u>	HIS IS TO CERTIFY THAT THE POLICIES O				BEEN IS	SUED TO THI			ICY P	ERIOD
C C	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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
В	X COMMERCIAL GENERAL LIABILITY	Х		BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$\$	1,000,000 10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
В		Х		BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	DED X RETENTION \$ 10,000							AGGREGATE	\$\$	1,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WA Stop Gap				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$	1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Below certificate holder are an additional insured with respect to work being performed by the named insured.									
CE	RTIFICATE HOLDER				CAN	ELLATION				AI 011403
	AMD 2002 156th Ave NE Suite 300				THE	E EXPIRATIO	ON DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	Bellevue WA 98007- AUTHORIZED REPRESENTATIVE Ben Migh									

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DATE (MM/DD/YYYY) 05/28/2019

	THIS CERTIFICATE IS ISSUED AS A N	// TT			CONFERS					
C B	CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	IVEL JRAN	Y OR NEGATIVELY AMEN	ND, EXTE TUTE A C	END OR AL	FER THE CO	VERAGE AFFORDED BY	THE POLICIES		
	MPORTANT: If the certificate holder is				s) must have		L INSURED provisions or	be endorsed.		
lf	f SUBROGATION IS WAIVED, subject to	o the	terms and conditions of th	ne policy,	certain polic	cies may requ				
	his certificate does not confer rights to	the	certificate holder in lieu of	SUCH END CONTA NAME:		•				
FRU	DML Insurance Services			NAME: PHONE (A/C, N	(206)	838-9077	FAX (20	06)838-9076		
	4005 20th Ave W Ste 132			É-MAIL		030-9077	(A/C, No):(20	00000-9070		
	Seattle		WA 98199-	ADDRE			DING COVERAGE	NAIC #		
							COVERAGE	24074		
INSU	URED			INSURER A :Ohio Casualty Ins Co INSURER B :Ohio Security Ins Co				24082		
	3R Technology, LLC			INSURE						
	5511 1st Ave S			INSURE						
	Seattle		WA 98108-	INSURE	RE:					
				INSURE	RF:					
			ATE NUMBER:				REVISION NUMBER:			
IN C E	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 S		1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
В	X COMMERCIAL GENERAL LIABILITY	X	BLS56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$			
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$			
							MED EXP (Any one person) \$	1 000 000		
							PERSONAL & ADV INJURY \$	0.000.000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	0.000.000		
							PRODUCTS - COMP/OP AGG \$			
в	OTHER:	x	BAS56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT (Ea accident)			
_	X ANY AUTO		BA000102044		00/11/2013	00/11/2020	BODILY INJURY (Per person) \$			
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE \$			
							\$			
А	X UMBRELLA LIAB OCCUR		USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	1,000,000		
_	DED X RETENTION \$ 10,000						¥ PER OTH-			
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER	4 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL						ed)			
Bel	low certificate holder are an additional ins	ured	with respect to work being p	performed	by the name	d insured.				
CE	RTIFICATE HOLDER				ELLATION			AI 011417		
	Gibraltar Tower, LLC & Gibral 720 Seneca Street, Suite B Seattle	tar, L	LC WA 98101-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	ocanic		WA 30101-		RIZED REPRESE	INTATIVE	2 mil			
	Ben Mish									

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DATE (MM/DD/YYYY) 05/00/0040

						_	05/	28/2019		
E	THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AN	IVELY O JRANCE	R NEGATIVELY AMEND	, EXTEND OR ALT	TER THE CO	VERAGE AFFORDED B	Y TH	E POLICIES		
	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject to	an ADDI o the teri	TIONAL INSURED, the po ns and conditions of the	policy, certain polic	ies may requ					
	his certificate does not confer rights to	the cert	ificate holder in lieu of su	CONTACT	•					
	DML Insurance Services			NAME: PHONE (206)838-9077 FAX (A/C, No).(206)838-9076						
	4005 20th Ave W Ste 132			È-MÁIL						
	Seattle		WA 98199-	ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC #		
				INSURER A : Ohio Cas				24074		
INS	URED			INSURER B :Ohio Sec				24082		
	3R Technology, LLC			INSURER C :						
	5511 1st Ave S			INSURER D :						
	Seattle		WA 98108-	INSURER E :						
				INSURER F :						
			E 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.									
INSF LTR	TYPE OF INSURANCE	ADDL SUBP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
В	X COMMERCIAL GENERAL LIABILITY		BLS56732344	06/11/2019	06/11/2020		\$	1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
						MED EXP (Any one person)	\$	10,000		
						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						Ψ	2,000,000		
	POLICY JECT LOC						\$ \$	2,000,000		
В			BAS56732344	06/11/2019	06/11/2020	(Ea accident)	\$	1,000,000		
	X ANY AUTO					,	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED						\$\$			
	AUTOS ONLY AUTOS ONLY					(Per accident)	ծ Տ			
A	X UMBRELLA LIAB		USO56732344	06/11/2019	06/11/2020		\$ \$	1,000,000		
	CLAIMS-MADE		00000102011	00/11/2010	00/11/2020		\$ \$	1,000,000		
	DED X RETENTION \$ 10,000						<u>\$</u> \$, ,		
В	WORKERS COMPENSATION		BLS56732344	06/11/2019	06/11/2020	X PER OTH- STATUTE ER	Ŷ			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap				\$	1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORI	0 101, Additional Remarks Schedu	le, may be attached if mor	e space is require	ed)				
				CANCELLATION				AI 011437		
	Solid Waste & Recycling Proje City of Federal Way 33325 8th Ave S	ect Mana	-	SHOULD ANY OF				ED BEFORE		
	Federal Way		WA 98003-	Ben Mish						

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05/28/2019											
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).											
CONTACT											
	DML Insurance Services				NAME: PHONE	(2000)	000 0077	FAX (200	N000 0070		
	4005 20th Ave W Ste 132				PHONE FAX (A/C, No, Ext): (206)838-9077 (A/C, No):(206)838-9076 E-MAIL						
	Seattle			WA 98199-	ADDRE	SS:					
								RDING COVERAGE	NAIC #		
					INSURE	24074					
INSU	RED				INSURE	24082					
	3R Technology, LLC				INSURER C :						
	5511 1st Ave S				INSURE	RD:					
	Seattle			WA 98108-	INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CEF	TIFI	CATE	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		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMITS			
	X COMMERCIAL GENERAL LIABILITY		WVD	BLS56732344		<u>(MM/DD/YYYY)</u> 06/11/2019	(MM/DD/YYYY) 06/11/2020	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR			DL000702044		00/11/2013	00/11/2020	DAMAGE TO RENTED	1,000,000		
									10,000		
								MED EXP (Any one person) \$	1,000,000		
								PERSONAL & ADV INJURY \$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
								PRODUCTS - COMP/OP AGG \$	2,000,000		
<u> </u>	OTHER: AUTOMOBILE LIABILITY	v							1,000,000		
В	X ANY AUTO	X		BAS56732344		06/11/2019	06/11/2020	(Ea accident)	1,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident) Ψ			
_		<u> </u>						\$			
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$	1,000,000		
	DED X RETENTION \$ 10,000	<u> </u>						\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$	1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC										
	by certificate holder, including Brickman				nageme	nt LLC (man	ager), and Cl	BC Inc. are an additional insu	ared with respect		
	ork being performed by the named insu	irea.	Canc	ellation 30 days.							
CERTIFICATE HOLDER CANCELLATION AI 011476											
CERTIFICATE HOLDER CANCELLATION AI 011476											
	Brickman Pacific, LLC c/o Brickman Management L 810 - 3rd Ave Ste. 140	LC			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Seattle			WA 98104-	AUTHO	RIZED REPRES	ENTATIVE	D om-1			
				• - •			F	En Mish			
	1						5				

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DATE (MM/DD/YYYY) 05/28/2019

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 CONTACT										
	DML Insurance Services 4005 20th Ave W Ste 132				PHONE (A/C, No	Ext): (206)	838-9077	FAX (A/C, No):(206)8	38-9076
	Seattle		W	'A 98199-	È-MÁIL ADDRES					
	ocallic		**/	A 30133				DING COVERAGE		NAIC #
					INSURE	24074				
INSU	URED			-	INSURER В Ohio Security Ins Co					
	3R Technology, LLC			-	INSURE	RC:				
	5511 1st Ave S			-	INSURE	RD:				
	Seattle		W	'A 98108-	INSURE	RE:				
					INSURE	RF:				
<u> </u>	OVERAGES CER	TIFIC	ATE NU	UMBER:				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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
B	X COMMERCIAL GENERAL LIABILITY	X		S56732344	(• •	06/11/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					0,11,2010	00/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
в	AUTOMOBILE LIABILITY	x	BA	S56732344		06/11/2019	06/11/2020	COMBINED SINGLE LIMIT	\$	1,000,000
-	X ANY AUTO			000702044		0/11/2013	00/11/2020	(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A	X UMBRELLA LIAB OCCUR		US	056732344	(06/11/2019	06/11/2020	EACH OCCURRENCE	\$	1.000.000
	EXCESS LIAB CLAIMS-MADE						00/11/2020	AGGREGATE	\$	1.000.000
	DED X RETENTION \$ 10,000							AGGREGATE	\$, ,
в	WORKERS COMPENSATION		BLS	S56732344	(06/11/2019	06/11/2020	X PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			A Stop Gap		0,11,2010	00/11/2020	E.L. EACH ACCIDENT	¢	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	¢	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	φ ¢	1,000,000
	DESCRIPTION OF OPERATIONS below							E.E. DIGEAGE TOLIGT LIWIT	Ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured Entities: CBRE, Inc. RREEF America LLC RREEF Management LLC Gateway King, LLC Los Angeles County Employee Retirement Association										
and all affiliates, subsidiaries, agents, and employees thereof are named as additional insureds on a primary and noncontributory basis on General Liability, Auto Liability, and Umbrella as required by written contract. Umbrella follows form over										
the General Liability, Auto Liability and Employers Liability.										
Building Address: Union Station - 605, 605 5th Avenue South, Seattle, WA 98104 Union Station - 625, 625 5th Avenue South, Seattle, WA 98104										
								AI 011523		
	Gateway King, LLC c/o Business Credentialing Se PO Box 1055		SHO THE ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Morristown		Ben Mish							

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DATE (MM/DD/YYYY) 05/28/2019

									05/2	28/2019		
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.												
IN	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 DAta to the certificate noise in neu of such endorsement(s).												
	DML Insurance Services				PHONE (A/C, No	(206)	838-9077	FAX (A/C, No):(20)6)83	8-9076		
	4005 20th Ave W Ste 132			WA 98199-	E-MAIL			(100, 10).	,			
	Seattle			WA 98199-	ADDIL		SURER(S) AFFO	RDING COVERAGE		NAIC #		
					INSURE		24074					
INSU	JRED				INSURE	24082						
	3R Technology, LLC				INSURE							
	5511 1st Ave S				INSURE	RD:						
	Seattle			WA 98108-	INSURE							
					INSURE	RF:						
<u> </u>		-		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 S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	X COMMERCIAL GENERAL LIABILITY	X		BLS56732344		06/11/2019		EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000		
								MED EXP (Any one person) \$		10,000		
								PERSONAL & ADV INJURY \$		1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000		
								PRODUCTS - COMP/OP AGG \$		2,000,000		
<u> </u>	OTHER:	×						COMBINED SINGLE LIMIT \$		1.000.000		
В		X		BAS56732344		06/11/2019	06/11/2020	(Ea accident) \$ BODILY INJURY (Per person) \$		1,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE (\$				
	AUTOS ONLY AUTOS ONLY							_(Per accident) \$				
A	X UMBRELLA LIAB OCCUR			USO56732344		06/11/2019	06/11/2020	EACH OCCURRENCE \$		1,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		1,000,000		
	DED X RETENTION \$ 10,000							\$				
В	WORKERS COMPENSATION			BLS56732344		06/11/2019	06/11/2020	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WA Stop Gap				E.L. EACH ACCIDENT \$		1,000,000		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE \$		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		1,000,000		
<u> </u>												
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL orn Development LLC, Jones Lang LaSa					e attached if mor	e space is require	ed)				
	, , , , , , , , , , , , , , , , , , ,											
CERTIFICATE HOLDER CANCELLATION									AI 011536			
					w/1110							
Acorn Development LLC c/o Jones Lang LaSalle Americas, Inc. 600 108th Avenue NE, Suite 1002						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Bellevue		WA 98004-	AUTHORIZED REPRESENTATIVE D GYD-1								
					AUTHORIZED REPRESENTATIVE Ben Mich							

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