

EXHIBIT 1 -- INSURANCE COVERAGE REQUIREMENTS

✓ INDICATES WHAT TYPE OF INSURANCE IS REQUIRED

<u>TYPE OF INSURANCE</u>		<u>LIMITS OF LIABILITY</u>	
		Each Occurrence	Aggregate
GENERAL LIABILITY			
✓ Comprehensive Form	Bodily Injury	\$1,000,000	\$1,000,000
✓ Premises - Operations	Property Damage	\$1,000,000	\$1,000,000
Explosion & Collapse Hazard			
Underground Hazard			
<u>OR</u>			
✓ Products/Completed Operations Hazard			
✓ Contractual Insurance	Bodily Injury and Property Damage Combined Single Limit	\$1,000,000	\$1,000,000
✓ Broad Form Property Damage, Incl. Care, Custody Control			
✓ Independent Contractors			
✓ Personal Injury	Personal Injury	\$1,000,000	\$1,000,000
AUTOMOBILE LIABILITY			
✓ Comprehensive Form	Bodily Injury (Each Person)	\$500,000	
✓ Owned	Bodily Injury (Each Accident)	\$500,000	
✓ Hired	Property Damage OR	\$500,000	
✓ Non-Owned	Bodily Injury & Property Damage Combined Single Limit	\$500,000	
EXCESS LIABILITY (Over and above automobile and general liability)			
Umbrella Form	Bodily Injury/Property Damage Combined	\$1,000,000	\$1,000,000
OR			
✓ Excess Liability Gap Layer		\$500,000	\$500,000
✓ WORKER'S COMPENSATION and		Statutory	
✓ EMPLOYER LIABILITY		\$1,000,000	
OTHER			
Builder's All Risk	Amount of Contract Price	\$	
Errors & Omissions (Professional Liability)		\$500,000	

Please indicate: Claims-Made Form: _____, Occurrence Form: _____,
Extending Reporting Provisions Avail. _____

The Contractor's insurance company must provide a certificate of insurance on the Lewis County form showing the above required coverage and modified to conform to the following endorsement. The following endorsement must also be signed by the insurer.

FORM
12.16.03
CS-FACIL



LEWIS COUNTY, WA
CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY.
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE
COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED (Legal name and business address)				CERTIFICATE HOLDER:		CONTRACT NUMBER	
				LEWIS COUNTY, WASHINGTON			
				DEPT. OF CENTRAL SERVICES			
				LEWIS COUNTY HISTORICAL COURTHOUSE			
				351 N. W. NORTH STREET		<u>DATE ISSUED:</u>	
				CHEHALIS, WASHINGTON 98532			
PROJECT DESCRIPTION / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:							
This is to certify that policies of Insurance listed below have been issued to the Insured named above for the policy period indicated.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Date Policy Effective (MM/DD/YY)	Date Policy Expires (MM/DD/YY)	ALL LIMITS IN THOUSANDS		
	GENERAL LIABILITY				General Aggregate		\$
	☐ Commercial General Liability				Products Comp/Ops Aggregate		\$
	☐ Claims Made ☐ Occurrence				Personal & Advertising Injury		\$
	☐ Owner's & Contractors Protection				Each Occurrence		\$
	☐ Deductible \$				Fire Damage (Any One Fire)		\$
					Medical Expense (Any One Person)		\$
	AUTOMOBILE LIABILITY				CSL		\$
	☐ Any Auto				Bodily Injury (per person)		\$
	☐ All Owned Autos				Bodily Injury (per accident)		\$
	☐ Scheduled Autos				Property Damage		\$
	☐ Hired Autos						
	☐ Non-Owned Autos						
	EXCESS LIABILITY				Each Occurrence		Aggregate
	☐ Other Than Umbrella Form				\$		\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY		
					\$ (Each Accident)		
					\$ (Disease Policy Limit)		
					\$ (Disease-Each Employee)		
	OTHER						
ADDITIONAL PROVISIONS							
LEWIS COUNTY is included as additional insured as related to the above-mentioned project. Should any of the above described policies be cancelled before the expiration date thereof, the issuing Company must deliver or mail not less than 45 days written notice to the above Certificate Holder, per RCW 48.18.290							
COMPANIES AFFORDING COVERAGE				ISSUING COMPANY, AGENT OR REPRESENTATIVE			
NOTE: Attach a separate sheet to this certificate giving all the company names and their percentage of coverage, if clarification is needed,				NAME:			
				ADDRESS:			
CO E A							

Authorized Signature

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	B		
	C		
	D		
	E		