



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/2/2025

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 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 Rothert Insurance c/o Premier NW Insurance - Sandy 39373 Proctor Blvd Sandy OR 97055		CONTACT NAME: Andrea Saracco, CIC PHONE (A/C, No, Ext): 503-655-6344 E-MAIL: asaracco@premiernw.net FAX (A/C, No): 503-655-2035 ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Scottsdale Insurance Company	41297
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED Plus 1 Productions John Jardine, dba 12480 SE Bluff Rd Sandy OR 97055	
---	--

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	☒ COMMERCIAL GENERAL LIABILITY	Y		CPS7866333	09/12/2025	09/15/2025	EACH OCCURRENCE	\$ 3,000,000	
	☐ CLAIMS-MADE						☐ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	☒ POLICY	☐ PRO-JECT	☐ LOC					\$	
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	☐ ANY AUTO						BODILY INJURY (Per person)	\$	
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	\$	
	☐ DED	☐ RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☐ Y / N					☐ PER STATUTE	☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EAEMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

See Additional Remarks Schedule Acord 101

CERTIFICATE HOLDER**CANCELLATION**Lewis County
1909 South Gold Street

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

Centralia

WA 98531

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Rothert Insurance		NAMED INSURED Plus 1 Productions	
POLICY NUMBER		12480 SE Bluff Rd	
CARRIER SEE CERTIFICATE	NAIC CODE	Sandy, OR, 97055	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

THIS IS EVIDENCE OF INSURANCE PROCURED
AND DEVELOPED UNDER THE OREGON SURPLUS
LINE LAWS. IT IS NOT COVERED BY THE PROVISIONS
OF ORS 734.510 OR 734.710 RELATING TO THE
OREGON INSURANCE GUARANTY ASSOCIATION.
IF THE INSURER ISSUING THIS INSURANCE BECOMES
INSOLVENT, THE OREGON INSURANCE GUARANTY
ASSOCIATION HAS NO OBLIGATION TO PAY CLAIMS
UNDER THIS EVIDENCE OF INSURANCE.

/

Rental and Installation of Portable Arena Panels & Chutes

Blanket Additional Insured coverage applies to this policy and would cover the certificate holder as long as the requirements are met per form GLS-150s

