

DATE (MM/DD/YYYY) 7/17/2017

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).

CONTINUATO MONACI IN NOGO CI C	uo o	indereement(e).			
PRODUCER			CONTACT Dustin Roberts		
Shattuck and Grummett	Ins	urance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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		ADDLS	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	X COMMERCIAL GENERAL LIABILITY	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(IMIM/DD/YYYY)			1,000,000
,	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000
A	CLAIMS-MADE X OCCUR	37					PREMISES (Ea occurrence)	•	
		Х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Professional Liability	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$	
^	ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	500,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Mandatory in NH)	_ N / A		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Professional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
							Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
Alaska Community Development Corporation 1517 S. Industrial Way, #8 Palmer, AK 99645	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 d 1 moz / 1 m	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Klewedt f. Strummers



DATE (MM/DD/YYYY) 7/17/2017

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PRODUCER			CONTACT Dustin Roberts		
Shattuck and Grummett	Ins	urance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

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INSR LTR	R TYPE OF INSURANCE			SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
(907)586-1135 Centennial Hall 101 Egan Drive Juneau, AK 99801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
January 121 22002	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Common of Structure



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	•	140.00(0).			
PRODUCER			CONTACT NAME: Dustin Roberts		
Shattuck and Grummett	Ins	1	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive, S	te.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504050		0=DTIEI04TE NUMBER 15 /10 Gt /:	77 /77G / D F DEVIOLONIALLI	4DED	

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INSR LTR		ADDLS	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
LIK	X COMMERCIAL GENERAL LIABILITY	INSD \	WVD	POLICY NUMBER	(MM/DD/YYYY)	(IMIM/DD/YYYY)			1,000,000
,	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000
A	CLAIMS-MADE X OCCUR	37					PREMISES (Ea occurrence)	•	
		Х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Professional Liability	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$	
^	ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	500,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Mandatory in NH)	_ N / A		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Professional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
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CERTIFICATE HOLDER	CANCELLATION
City and Borough of Juneau 155 S. Seward Street Juneau, AK 99801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Candaa, Int. 33001	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Climed F: Summer **Comparison of the Comparison of the Comp



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301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
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INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
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INSR LTR	R TYPE OF INSURANCE			SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
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CERTIFICATE HOLDER	CANCELLATION
(907)247-3414 City of Ketchikan Ted Ferry Civic Center 334 Front 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.
Ketchikan, AK 99901	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Alumed f: Dimmuno



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301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
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Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
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3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

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		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
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	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
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A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
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CERTIFICATE HOLDER	CANCELLATION
City of Ketchikan 334 Front Street Ketchikan, AK 99901	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
	Kenneth Grummett/KEN Klewedt f. Strummers

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OFFICIOATE HOLDER



DATE (MM/DD/YYYY) 7/17/2017

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COVERAGES	OFFICIOATE NUMBER 17/10 OF /	ATT /TYC / Dec of	MDED.
Juneau A	K 99801	INSURER F:	
		INSURER E :	
3225 Hospital Drive, St	e. 300	INSURER D :	
SAIL, Inc.		INSURER C:	
INSURED		INSURER B American Fire and Casualt	y Ins Co 24066
Juneau A	к 99801	INSURER A:Philadelphia Indemnity In	s Co
		INSURER(S) AFFORDING COVERAGE	NAIC #
301 Seward St.		E-MAIL ADDRESS: dustin@sginc.com	
Shattuck and Grummett I	nsurance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)586-3770
PRODUCER		CONTACT Dustin Roberts	
ocitinoate noider in ned or sao	rendersement(s):		

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
(907)586-8091 Corporation of Catholic Bishops Diocese of Juneau 415 6th Street, Suite 300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Juneau, AK 99801	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Remedia of: Structures **Entering of the content of the



DATE (MM/DD/YYYY) 7/17/2017

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CONTINUATO MONACI IN NOGO CI C	uo o	indereement(e).			
PRODUCER			CONTACT Dustin Roberts		
Shattuck and Grummett	Ins	urance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
Dave Neutzel 823 Charles Street Sitka, AK 99835	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
220114, 121 33000	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Common of Structure



DATE (MM/DD/YYYY) 7/17/2017

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COVERAGES	OFFICIOATE NUMBER 17/10 OF /	ATT /TYC / Dec of	MDED.
Juneau A	K 99801	INSURER F:	
		INSURER E :	
3225 Hospital Drive, St	e. 300	INSURER D :	
SAIL, Inc.		INSURER C:	
INSURED		INSURER B American Fire and Casualt	y Ins Co 24066
Juneau A	к 99801	INSURER A:Philadelphia Indemnity In	s Co
		INSURER(S) AFFORDING COVERAGE	NAIC #
301 Seward St.		E-MAIL ADDRESS: dustin@sginc.com	
Shattuck and Grummett I	nsurance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)586-3770
PRODUCER		CONTACT Dustin Roberts	
ocitinoate noider in ned or sao	rendersement(s):		

COVERAGES CERTIFICATE NUMBER:17/18 GL/AU/WC/Prof REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Professional Liability	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$	
^	ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	500,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Mandatory in NH)	1,7,7		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Professional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
							Aggregate Limit		2,000,000

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CERTIFICATE HOLDER	CANCELLATION
First Presbyterian Church 505 Sawmill Creek Road Sitka, AK 99835	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
220.12, 121 33000	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Common of Structure



DATE (MM/DD/YYYY) 7/17/2017

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	•	140.00(0).			
PRODUCER			CONTACT NAME: Dustin Roberts		
Shattuck and Grummett	Ins	1	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive, S	te.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504050		0=DTIEI04TE NUMBER 15 /10 Gt /:	77 /77G / D F DEVIOLONIALLI	4DED	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof REVISION NUMBER:

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INSR LTR				SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	1177		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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CERTIFICATE HOLDER	CANCELLATION
(503)249-1118 Jesuit Volunteer Corp. Northwest PO Box 3928 Portland, OR 97208	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
	Kenneth Grummett/KEN Klunedr F. Shummur



DATE (MM/DD/YYYY) 7/17/2017

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	•	140.00(0).			
PRODUCER			CONTACT NAME: Dustin Roberts		
Shattuck and Grummett	Ins	1	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive, S	te.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504050		0=DTIEI04TE NUMBER 15 /10 Gt /:	77 /77G / D F DEVIOLONIALLI	4DED	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			X	Y	PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Mar	ndatory in NH)	,,		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			РНРК1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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CERTIFICATE HOLDER	CANCELLATION
NeighborWorks Alaska 2515 A Street Anchorage, AK 99503	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
inionolugo, in 95505	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Klumed f. Shumman



DATE (MM/DD/YYYY) 7/17/2017

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001/504050		/ /- 5		
Juneau AK	99801	INSURER F:		
		INSURER E :		
3225 Hospital Drive, Ste	. 300	INSURER D :		
SAIL, Inc.		INSURER C:		
INSURED		INSURER B: American Fire and Casualt	y Ins Co	24066
Juneau AK	99801	INSURER A:Philadelphia Indemnity In	s Co	
		INSURER(S) AFFORDING COVERAGE		NAIC #
301 Seward St.		E-MAIL ADDRESS: dustin@sginc.com		
Shattuck and Grummett In	surance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
PRODUCER		CONTACT NAME: Dustin Roberts		
	(-)			

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	1177		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverages comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

Princess Cruise Lines, Ltd. and Carnival Risk Management 24303 Town Center Drive Santa Clarita, CA 91355 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

Kenneth Grummett/K

Hewede F. Strumento



DATE (MM/DD/YYYY) 7/17/2017

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).

CONTINUATO MONACI IN NOGO CI C	uo o	indereement(e).			
PRODUCER			CONTACT Dustin Roberts		
Shattuck and Grummett	Ins	urance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverages comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

CERTIFICATE HOLDER	CANCELLATION
RurAL CAP 731 E. 8th Avenue Anchorage, AK 99501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
inionologo, inc 33501	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Remede f: Dimmuto



DATE (MM/DD/YYYY) 7/17/2017

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).

001/504050		/ /- 5		
Juneau AK	99801	INSURER F:		
		INSURER E :		
3225 Hospital Drive, Ste	. 300	INSURER D :		
SAIL, Inc.		INSURER C:		
INSURED		INSURER B: American Fire and Casualt	y Ins Co	24066
Juneau AK	99801	INSURER A:Philadelphia Indemnity In	s Co	
		INSURER(S) AFFORDING COVERAGE		NAIC #
301 Seward St.		E-MAIL ADDRESS: dustin@sginc.com		
Shattuck and Grummett In	surance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
PRODUCER		CONTACT NAME: Dustin Roberts		
	(-)			

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						Professional Liability	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$	
^	ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist combined	\$	500,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Mandatory in NH)	1,7,7		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Professional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
							Aggregate Limit		2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Facility: Kitchen & Basement meeting room. This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverage's comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

CERTIFICATE HOLDER	CANCELLATION
St Gregory's Catholic Church and Diocese 606 Etolin Street Sitka, AK 99835	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2-0.12, 12. 22000	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Klewedt f. Strummen



DATE (MM/DD/YYYY) 7/17/2017

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).

	•	140.00(0).			
PRODUCER			CONTACT NAME: Dustin Roberts		
Shattuck and Grummett	Ins	1	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive, S	te.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504050		0=DTIEI04TE NUMBER 15 /10 Gt /:	77 /77G / D F DEVIOLONIALLI	4DED	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			х		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
St. Paul the Apostle Catholic Church 9055 Atlin Drive Juneau, AK 99801-9081	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Suncau, Inc. 33001 3001	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Common of Summer of Su



DATE (MM/DD/YYYY) 7/17/2017

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001/504050		/ /- 5		
Juneau AK	99801	INSURER F:		
		INSURER E :		
3225 Hospital Drive, Ste	. 300	INSURER D :		
SAIL, Inc.		INSURER C:		
INSURED		INSURER B: American Fire and Casualt	y Ins Co	24066
Juneau AK	99801	INSURER A:Philadelphia Indemnity In	s Co	
		INSURER(S) AFFORDING COVERAGE		NAIC #
301 Seward St.		E-MAIL ADDRESS: dustin@sginc.com		
Shattuck and Grummett In	surance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
PRODUCER		CONTACT NAME: Dustin Roberts		
	(-)			

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof REVISION NUMBER:

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INSR LTR				SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION

State of Alaska Dept of Transport and Public Facilities Attn: Sheila Good 6860 Glacier Hwy Juneau, AK 99801 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

Kenneth Grummett/K

Hemede F. Strumpero



DATE (MM/DD/YYYY) 7/17/2017

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CONTINUATO MONACI IN NOGO CI C	uo o	indereement(e).			
PRODUCER			CONTACT Dustin Roberts		
Shattuck and Grummett	Ins	urance	PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau	AK	99801	INSURER A: Philadelphia Indemnity In	s Co	
INSURED			INSURER B American Fire and Casualt	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive,	Ste.	300	INSURER D:		
			INSURER E:		
Juneau	AK	99801	INSURER F:		
001/504.050		OFFICIOATE NUMBER 18 /10 Gt /:	ATT /IVICE / Dec e E DEVICIONI AULI	ADED.	

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof 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 EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	100,000
В	(Man	datory in NH)	11,74		XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	of yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Pro	ofessional Liability			PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverages comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

CERTIFICATE HOLDER	CANCELLATION
(907)747-2622 Swan Lake Professional Building Attn: Tom Jacobsen 514 Lake 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.
Sitka, AK 99835	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN Kleweds f. Symmetry



DATE (MM/DD/YYYY) 7/17/2017

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).

		140100111(0)1			
PRODUCER			CONTACT NAME: Dustin Roberts		
Shattuck and Grummett	Ins		PHONE (A/C, No, Ext): (907)586-2414	FAX (A/C, No): (907)58	36-3770
301 Seward St.			E-MAIL ADDRESS: dustin@sginc.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
Juneau 2	AK	99801	INSURER A: Philadelphia Indemnity Ins	s Co	
INSURED			INSURER B American Fire and Casualty	y Ins Co	24066
SAIL, Inc.			INSURER C:		
3225 Hospital Drive, St	te.	300	INSURER D:		
			INSURER E:		<u> </u>
Juneau 2	ΑK	99801	INSURER F:		1
001/504.050		0=DTIEI04TE NUMBER 15 /10 GT /:	NT /TTG / P F		· · · · · · · · · · · · · · · · · · ·

COVERAGES CERTIFICATE NUMBER: 17/18 GL/AU/WC/Prof REVISION NUMBER:

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INSR LTR	NSR TYPE OF INSURANCE			SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		PHPK1674902	7/1/2017	7/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Professional Liability	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO							BODILY INJURY (Per person)	\$	
**		ALL OWNED X SCHEDULED AUTOS			PHPK1674902	7/1/2017	7/1/2018	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Uninsured motorist combined	\$	500,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	100,000
В	- (manadory mini)				XWA56099995	7/1/2017	7/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	500,000
A	A Professional Liability				PHPK1674902	7/1/2017	7/1/2018	Each Claim		1,000,000
								Aggregate Limit		2,000,000

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

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CERTIFICATE HOLDER	CANCELLATION
University of Alaska Southeast 11120 Glacier Highway Juneau, AK 99801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Canona, 11. 22001	AUTHORIZED REPRESENTATIVE
	Kenneth Grummett/KEN **Comment of Structure