



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2011

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<br>Beecher Carlson Insurance Agency, LLC<br>220 NW 2nd Avenue, Suite 800<br>Portland, OR 97209<br><br>www.beechercarlson.com | CONTACT NAME:                           |                             |
|   | PHONE (A/C, No, Ext): 503-222-1831      | FAX (A/C, No): 503-274-0323 |
| INSURED<br>Servoy LLC<br>PO Box 14607<br>Portland OR 97293  | E-MAIL ADDRESS:                         |                             |
|   | INSURER(S) AFFORDING COVERAGE           |                             |
|   | INSURER A : National Surety Corporation |                             |
|   | INSURER B : Saif                        |                             |
|   | INSURER C : Travelers Indemnity Company |                             |
|   | INSURER D : Federal Insurance Company   |                             |
| INSURER E :   |   |                             |
| INSURER F :   |   |                             |

**COVERAGES**

CERTIFICATE NUMBER: 10956834


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 INSR | SUBR WVD                        | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|---|-----------|---------------------------------|----------------|-------------------------|-------------------------|---|--------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |                                 | ABC80865513    | 8/18/2011               | 8/18/2012               | 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 |
|          |   |           |                                 |                |                         |                         | GENERAL AGGREGATE                                       | \$ 2,000,000 |
|          |   |           |                                 |                |                         |                         | PRODUCTS - COMP/OP AGG                                  | \$ 2,000,000 |
|          |   |           |                                 |                |                         |                         |   | \$           |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |                                 | ABC80865513    | 8/18/2011               | 8/18/2012               | COMBINED SINGLE LIMIT (Ea accident)                     | \$ 1,000,000 |
|          |   |           |                                 |                |                         |                         | BODILY INJURY (Per person)                              | \$           |
|          |   |           |                                 |                |                         |                         | BODILY INJURY (Per accident)                            | \$           |
|          |   |           |                                 |                |                         |                         | PROPERTY DAMAGE (Per accident)                          | \$           |
|          |   |           |                                 |                |                         |                         |   | \$           |
|          |   |           |                                 |                |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |                                 | CGU00048501944 | 8/18/2011               | 8/18/2012               | EACH OCCURRENCE   | \$ 3,000,000 |
|          |   |           |                                 |                |                         |                         | AGGREGATE   | \$ 3,000,000 |
|          |   |           |                                 |                |                         |                         |   | \$           |
|          |   |           |                                 |                |                         |                         |   | \$           |
|          |   |           |                                 |                |                         |                         |   | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | Y/N<br><input type="checkbox"/> | 523065         | 7/1/2011                | 7/1/2012                | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER       |
|          |   |           | N/A                             |                |                         |                         | E.L. EACH ACCIDENT                                      | \$ 500,000   |
|          |   |           |                                 |                |                         |                         | E.L. DISEASE - EA EMPLOYEE                              | \$ 500,000   |
|          |   |           |                                 |                |                         |                         | E.L. DISEASE - POLICY LIMIT                             | \$ 500,000   |
| C        | Motor Truck Cargo   |           |                                 | QT6605731B882  | 8/18/2011               | 8/18/2012               | Limit   | \$100,000    |
| D        | Crime   |           |                                 | 68013420       | 8/18/2011               | 8/18/2012               | Limit   | \$100,000    |

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

RE: Contract #FC120228JW / from Solicitation #FC120204W - Mail and Package Courier Services  
 TriMet and it's directors, officers, representative, agents and employees are included as an additional insured under the General Liability per form AB9189 08/07 and under the Automobile Liability per form CA7018 10/01 as required by written contract, subject to the policy terms, conditions and exclusions.

|                           |   |
|---------------------------|---|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>   |
|                           | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>(PORT) John Stott </p> |

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ACORD 25 (2010/05)

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