



Regulatory Office
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COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

This insurance was procured and developed under the Oregon surplus lines laws. It is NOT covered by the provisions of ORS 734.510 to 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 insurance.

COMPANY PROVIDING COVERAGE: Indian Harbor Insurance Company

POLICY NO.: ESG0061501 **RENEWAL OF:** New Policy

Named Insured: NORTHWEST SCAFFOLD SERVICE INC
Address: PO BOX 33863
City/State/Zip: PORTLAND OR 97292

Policy Period:
From: June 12, 2022 **To:** June 12, 2023
at 12:01 A.M., Standard Time at your mailing address shown above.

Business Description: SCAFFOLDING CONTRACTOR

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM	
Commercial Property Coverage Part	\$	
Commercial General Liability Coverage Part	\$	110,000.00
Commercial Crime Coverage Part	\$	
Commercial Inland Marine Coverage Part	\$	
Commercial Automobile Coverage Part	\$	
Boiler and Machinery Coverage Part	\$	
Taxes/Surcharges	\$	0.00
Inspection Fee	\$	500.00
Policy Premium:	\$	110,000.00
Premium for Certified Acts of Terrorism:	\$	Excluded
Premium for Non-Certified Acts of Terrorism:	\$	Excluded

Forms(s) and Endorsement(s) made a part of this policy at time of issue*:

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Broker Name: Hull & Company, Inc.
Address: 10200 Sw Greenburg Rd., Suite 600 Building 2
City/State/Zip: Portland, OR 97223



Countersigned:

By _____

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Premium:	\$110,000.00
Broker Fee	\$2200.00
Inspection Fee	\$500.00
OR SL Tax(2%)	\$2,254.00
SLSC	\$10.00
Fire Marshal Tax(0.3%)	\$338.10
Total:	\$115,302.10

ISSUED IN UNAUTHORIZED
CARRIER UNDER AGENTS
LICENSE NO 100159287

Minimum Earned Premium
25%
No Flat Cancellation

"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 TO 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"



COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: ESG0061501

Effective Date: 06/12/22 ,**
12:01 A.M., Standard Time

LIMITS OF INSURANCE

General Aggregate Limit	\$2,000,000
Products - Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000 Any one Person or Organization
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000 Any One Premises
Medical Expense Limit	\$10,000 Any one Person or Organization

RETROACTIVE DATE (CG 00 02 only)

This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: None

BUSINESS DESCRIPTION

Form of Business ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company

☒ Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Co)

Scaffolding Contractor

Business Description*:

PREMIUM

Loc No.	Classification	Class Code	Premium	Rate		Advance Premium	
			Base	Prem/Ops	Prod/Co Op	Prm/Ops	Prod/Co Op
001	Contractors' Equipment Scaffolds Sidewalks Bridges Hod Or Material Hoist Towers Rented to Others Installation, Repair or Removal only	11212	\$ 8,565,000 Gross Sales	\$ 12.8430	Included	\$ 110,000	Included

Policy Subject to Audit	
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Total Advance Premium: \$110,000

Premium Base:

Admissions (per 1,000 Admissions)
Area (per 1,000 Square Feet)
Each

Gallons (per 1,000 Gallons)
Gross Sales (per \$1,000 Gross Sales)
Payroll (per \$1,000 Payroll)

Total Cost (per \$1,000 Total Cost)
Units

LOCATION OF PREMISES*

Location of All Premises You Own, Rent or Occupy:

Location No.

Address:

001 - 9200 NE Halsey St., Portland, OR 97220

ENDORSEMENT #013

This endorsement, effective 12:01 a.m., June 12, 2022, forms a part of
Policy No. ESG0061501 issued to NORTHWEST SCAFFOLD SERVICE INC
by Indian Harbor Insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE ENDORSEMENT (INCLUDING DEFENSE COSTS, EXPENSES AND OTHER SUPPLEMENTARY PAYMENTS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Basis and Amount of Deductible	
	PER CLAIM	PER OCCURRENCE
Bodily Injury Liability	\$	\$
Property Damage Liability	\$	\$
Bodily Injury Liability and/or Property Damage Liability Combined	\$	\$10,000
	PER OFFENSE	
Personal and Advertising Injury Liability	\$10,000	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury", "property damage" and "personal and advertising injury", however caused, and to all associated defense costs, expenses and other payments specified under the Supplementary Payments Section of this policy.):

- A.** Our obligation under the Bodily Injury Liability and Property Damage Liability and Personal and Advertising Injury (if applicable) Coverages to pay damages on your behalf, and to pay all associated defense costs, expenses and other payments specified under the Supplementary Payments Section of this policy, applies only to the amount of damages and associated Supplementary Payments in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.
- B.** You may select a deductible amount on either a per claim, per "occurrence" or per offense basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:
- 1. PER CLAIM BASIS.** If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:

Bodily Injury and Property Damage Liability

- a. Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";
- b. Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or
- c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:
 - (1) "Bodily injury";
 - (2) "Property damage"; or
 - (3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence".

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage", person includes an organization.

Personal and Advertising Injury Liability

Under Personal and Advertising Injury Liability Coverage, to all damages sustained by any one person or organization because of "personal and advertising injury" as the result of any one offense. For the purpose of applying this deductible, the same or similar offenses causing damages to a single person or organization shall be considered one offense.

2. **PER OCCURRENCE BASIS.** If the deductible amount indicated in the Schedule above is on a per "occurrence" basis, that deductible amount applies as follows:

- a. Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";
- b. Under Property Damage Liability Coverage, to all damages because of "property damage"; or
- c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:
 - (1) "Bodily injury";
 - (2) "Property damage"; or
 - (3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

3. **PER OFFENSE BASIS.** If the deductible amount indicated in the Schedule above is on a per offense basis, that deductible amount applies to all damages because of "personal or advertising injury" resulting from any one offense committed during the policy period. For the purpose of applying this deductible, the same or similar offenses committed during the policy period causing damages to a single person or organization shall be considered one offense.

- C. The terms of this insurance, including those with respect to:

- 1. Our right and duty to defend the insured against any "suits" seeking those damages; and
- 2. Your duties in the event of an "occurrence", offense, claim, or "suit"

apply irrespective of the application of the deductible amount.

- D.** We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.
- E.** It is your responsibility to reimburse us promptly for any deductible amount paid by us on behalf of any insured, including any amount paid on behalf of any additional insured. If you do not promptly reimburse us for any deductible amount owed, then any costs incurred by us to collect the deductible will be added and applied in addition to the applicable deductible amount. Such costs include but are not limited to collection agency fees, attorneys' fees and interest.
- F.** In addition to the damages stated in Section **B.** above, the deductible amount shall include all associated defense costs, expenses and other payments specified under the Supplementary Payments Section of this policy.

All other terms and conditions of this policy remain unchanged.