

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).											
	DUCER					CONTACT VAME:					
Insurance Provider Information					PHONE FA X IA/C No.:						
					E-MAIL AD DRESS:						
					INSURER(S) AFFORDING COVERAGE NAIC				NAIC#		
					INSURE	INSURER A:					
INSURED Vandor Information					INSURER B:						
Vendor Information					INSURERC:						
					INSURER D:						
					INSURER É :						
						INSURERF:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T	HIS IS TO CERTIFY THAT THE POLICIES	OF	INSU	RANCE LISTED BELOW HA	/E 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 T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP	LIMITS	3		
LIK	GENERAL LIABILITY	man	MIND	, ober number		114070 DO(11111)	INTERIOR TELL		\$ 3,00	0.000	
	X COMMERCIAL GENERAL LIABILITY	_						DAMAGE TO REINTEO PREMISES (Ea occurrence)	\$.0,000	
	CLAIMS-MADE X OCCUR	Y						MED EXP (Any one person)	\$		
A	35 (m) m/ 32 [1-] 0000(\$ 3,000	0.000	
ı '								GENERAL AGGREGATE	\$ 3,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									0,000	
								PRODUCTS - COMPTOP AGG	\$ 3,00	0.000	
	AUTOMOBILE LIABILITY	-						COMB INE DANGLEMIT		0.000	
	2.2	ΙY						(East-ucidited to BODILY INJURY (Per person)	\$2,000 \$1,000		
	ANYAUTO ALLOWNED SCHEDULED								\$ 1,000		
В	AUTOSAU TOS ;							PROPERTY DAMAGE	\$	0,000	
	HIRED AUTOS AUTOS							(Per accident)	\$		
_	LINEDER LA LIAD		-								
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION \$							WC SATU- OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							1 T ORYIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							EL. DISEASE - EA EMPLOYEE			
_	DESCRIPTION OF OPERATION Shalow							EL. DISEASE -POLICY LIMIT	\$		
			1								
_											
	CRIPTION OF OPERATIONS/ LOCATIONS/ VEHIC	٠,				•		O			
"DP	Specialty Foods, Inc., its parents, subs	ıdiari	es an	o amiliates" are included as	"additi	onal insured"	(except Wor	kers' Comp) as their intere	sts may	y appear.	
CE	RTIFICATE HOLDER				CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Attn: MDM Administration						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED N ACCORDANCE WITH THE POLICY PROVISIONS.					
Atti. Maw. Administration											
12360 SW Leveton Dr						AUTHORIZED REPRESENTATIVE					
	Tualatin		C	OR 97062		+6					
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