

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)				
11/1/2022				

ROSEFOR-01

		,	K I I				UKAN	UE	1	1/1/2022		
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 have ADDITIONAL INSURED provisions or 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 CONTACT Cecilia Ann Carl											
Alliant	nsurance Services, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):							
805 SW Broadway, Ste 480 Portland, OR 97205						E-MalL ADDRESS: cann.carl@alliant.com						
						INSURER(S) AFFORDING COVERAGE						
						INSURER A : Liberty Insurance Corporation						
INSURED		irg Fo	orest	Products Co.,Scott	INSURER B : Texas Insurance Company					16543		
	Timber Co., Roseburg Resources Co., Roseburg F	orest	Pro	ducts	INSURER C : Liberty Mutual Fire Insurance Company					23035		
	South Limited Partnership	01031		uuuus	INSURE	RD:						
	3660 Gateway St.				INSURE	RE:						
	Springfield, OR 97477				INSURE	RF:						
COVER				E 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)	LIM	TS			
AX	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000		
	CLAIMS-MADE X OCCUR	X	x	TB7661067089032		11/1/2022	11/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
X	X Loggers Property Dam							MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
GE	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	4,000,000		
A AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000		
X	X ANY AUTO		X	AS7661067089022		11/1/2022	11/1/2023	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
ВХ	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000		
	EXCESS LIAB CLAIMS-MADE	:		BUQSTRTOR011200_0500	039_01	11/1/2022	11/1/2023	AGGREGATE	\$	5,000,000		
	DED RETENTION \$	<u> </u>							\$			
ANI	C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			WC20004007000040		44/4/0000	44/4/0000	PER OTH- STATUTE ER		4 000 000		
ANY			X	WC2661067089012	'	11/1/2022	11/1/2023	E.L. EACH ACCIDENT	\$	1,000,000		
								E.L. DISEASE - EA EMPLOYE	E \$	1,000,000		
DÉSCRIPTION OF OPERATIONS below		EW266N067089062		11/1/2022	11/1/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
	cess workers comp			EW2001007005002		11/1/2022	11/1/2025			1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												

CERTIFICATE HOLDER	CANCELLATION
MOI	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

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