

PRODUCER Phone: (509) 735-3333 Fax: 509-735-7066  
**INSURANCE SERVICES, INC.**  
 100 N. MORAIN ST., SUITE 200  
 KENNEWICK WA 99336-2905

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 111843

INSURED  
**MINT CONDITION INC**  
 7114 RD. 42  
 PASCO WA 99301

INSURER A: **American Fire and Casualty**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		<b>GENERAL LIABILITY</b>	<b>BLA54736294</b>	<b>09/01/11</b>	<b>09/01/12</b>	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 15,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP/OP AGG.	\$ 2,000,000	
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS						
		<input type="checkbox"/> NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$	
		OTHER:				E.L. DISEASE-POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS  
**MINTCCI952OW**

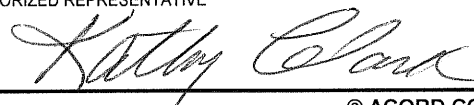
**CERTIFICATE HOLDER**

**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Attention:

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CONTINUOUS CONTRACTOR'S SURETY BOND

(Optional)

UBI No.	602520105
Registration No.	

Bond No.	LSM0200597
----------	------------

Required by the Contractor's Registration Act RCW 18.27  
(MUST BE TYPED)

\_\_\_\_\_ Mint Condition Inc \_\_\_\_\_  
doing business as \_\_\_\_\_  
as Principal, and \_\_\_\_\_ **RLI Insurance Company** \_\_\_\_\_  
a corporation organized and existing under the laws of the State of \_\_\_\_\_ Illinois \_\_\_\_\_ and authorized to transact surety business in the  
State of Washington, as Surety, by this bond bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, to  
pay the State of Washington \_\_\_\_\_ Twelve Thousand and 00/100 \_\_\_\_\_  
dollars ( \$ 12,000.00 ) lawful money of the United States of America.

The Principal has applied for a Certificate of Registration, from the Contractor's Registration Section of the Washington State Department of Labor and  
Industries, to carry on the business of a contractor in the State of Washington. The Principal is required by chapter 18.27 of the Revised Code of  
Washington (RCW) to furnish a bond in the penal sum of \_\_\_\_\_  
\_\_\_\_\_ Twelve Thousand and 00/100 \_\_\_\_\_

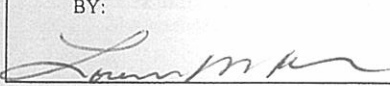

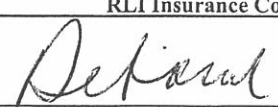
Dollars ( \$ 12,000.00 ) with good and sufficient surety. The bond must be conditioned as required by RCW 18.27.040.

If the Principal, in compliance with the provisions of chapter 18.27 RCW, pays all (1) wages and benefits to persons furnishing labor to the Principal,  
(2) amounts that may be adjudged against the Principal by reason of breach of contract including negligent or improper work in the conduct of the  
contracting business, (3) persons who furnish labor and materials or rent or supply equipment to the Principal, and (4) taxes and contributions due to the  
State of Washington, the obligation of the Principal and the Surety shall be null and void. If the Principal does not pay the above claims, the bond shall  
remain in full force and effect. In no case shall the Surety be liable for any claim not included in RCW 18.27.040.

Any person that has a claim against the Principal, arising from the failure of the Principal to pay any of the four items referred to in paragraph 3, may  
bring suit upon this bond in the superior court of the county in which the work was done, or of any county in which the court has jurisdiction over the  
Principal. The suit must be brought within the time and the manner required by RCW 18.27.040.

The aggregate liability of the Surety under this bond for claims against this bond shall not exceed the penal sum of this bond. No extension by  
continuation certificate, reinstatement, reissue, or renewal of this bond shall increase the liability of the Surety. If the claims against the bond that are  
pending at any one time exceed the remainder of the aggregate liability minus the amounts previously paid by the Surety because of other claims against  
this bond, the claims shall be satisfied in accordance with the provisions of RCW 18.27.040.

This bond shall become effective on \_\_\_\_\_ March 15, 2011 \_\_\_\_\_ and shall be void if not filed with the Contractor's Registration Section by \_\_\_\_\_  
\_\_\_\_\_ 04/18/2011 \_\_\_\_\_ and shall remain in force continuously unless the Surety gives written notice to the Director of Labor and Industries of  
its intent to cancel the bond. A cancellation or revocation of the bond or withdrawal of the Surety from the bond suspends the registration issued to the  
registrant until a new bond or reinstatement notice has been filed and approved as provided in the statute.

IN WITNESS OF THIS CONTRACT, The Principal and Surety have affixed their hands and seals this date:  
March 18, 2011  
Principal's Name \_\_\_\_\_  
BY: \_\_\_\_\_ Mint Condition Inc \_\_\_\_\_ **RLI Insurance Company** \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Loren Mithcell \_\_\_\_\_ Deborah L Sarka \_\_\_\_\_ Attorney In Fact