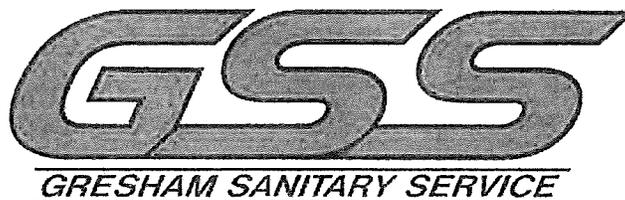


# ATTACHMENT D

## LIABILITY, AUTOMOBILE AND WORKER'S COMPENSATION INSURANCE CERTIFICATES.

**GSS Transfer, LLC.**

A division of Gresham Sanitary Service, Inc.



2131 NW Birdsedale Ave.  
Gresham OR. 97030



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2016

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 Rose City Associates LLC 10011 SE Division St Suite 300 Portland OR 97266	CONTACT NAME: Michele Lacey
	PHONE (A/C, No, Ext): (503) 762-3470 FAX (A/C, No): (503) 760-4239 E-MAIL ADDRESS: michele@rosecityassociates.com
INSURED M.A.E.M.E. Rental Inc.; Gresham Sanitary Service, Accu NW; AccuShred NW; Accushred NW; Accustore NW; AccuShare NW; GSS Transfer LLC P. O. Box 1560 Gresham OR	INSURER(S) AFFORDING COVERAGE
	INSURER A: Liberty Mutual Insurance
	INSURER B: Gemini Insurance Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: CL1651703483

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)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		C08172755	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			C08172755	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Pollution Liab policy lev \$ 300,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			C08172755	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Designated Pollutants			C08172755	7/1/2016	7/1/2017	Each Covered Loss 300,000
B	Prof Errors & Omissions			VCPL064055	12/12/2015	12/12/2016	Per Claim / \$2,500 ded 1,000,000

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

General Liability Master Pak Plus Form CG8579 05/05; Master Pak for Commercial Auto Form CA8514 07/04

METRO, its elected officials, departments, employees and agents are included as additional insureds as respects to liability arising out of ongoing operations performed for this additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

Metro  
600 NE Grand Ave  
Portland, OR 97232

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

Pete Lackner/MICHEL

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## Oregon Workers' Compensation Certificate of Insurance



**Certificate holder:**

METRO  
600 NE GRAND AVENUE  
PORTLAND, OR 97232

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.

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<b>Insured</b> Gresham Sanitary Service Inc Accushred NW PO Box 1560 Gresham, OR 97030-0515	<b>Producer/contact</b> Riskpoint Insurance Advisors Carl Channing 503.701.5164 sruptak@riskpointins.com
<b>Issued</b> 09/18/2015 <b>Policy</b> 934360 <b>Period</b> 10/01/2015 to 10/01/2016	<b>Limits of liability</b> Bodily Injury by Accident \$500,000 each accident Bodily Injury by Disease \$500,000 each employee Body Injury by Disease \$500,000 policy limit

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**Description of operations/locations/special items**  
As per operations of the insured.

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO THE POLICYHOLDER AND CERTIFICATE HOLDER IN ACCORDANCE WITH THE POLICY PROVISIONS AND OREGON LAW. SAIF WILL ENDEAVOR TO PROVIDE WRITTEN NOTICE WITHIN 30 DAYS WHENEVER POSSIBLE.

Authorized representative

A handwritten signature in black ink, appearing to read "Kerry Barnett".

Kerry Barnett  
President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.584.9812