

Oregon Workers' Compensation Certificate of Insurance



Certificate holder:

BUENA VISTA ARBOR CARE

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.

Insured

Buena Vista Arbor Care Company
6635 Prather Rd
Independence, Or 97351-9716

Producer/contact

Summit Rose Enterprises LLC
Summit Group of Oregon
503.581.2825

Issued

02/04/2015

Policy

754167

Period

01/01/2015 to 01/01/2016

Limits of liability

Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 each employee
Body Injury by Disease	\$500,000 policy limit

Description of operations/locations/special items

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.

Authorized representative

A handwritten signature in black ink, appearing to read "John D. Gilkey".

John D. Gilkey
Interim President and CEO

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