

OREGON WORKERS COMPENSATION CERTIFICATE OF INSURANCE



The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
754167	01/01/2014 to 01/01/2015	02/28/2014

INSURED:	BROKER OF RECORD:
BUENA VISTA ARBOR CARE COMPANY 6635 PRATHER RD INDEPENDENCE, OR 97351-9716	SUMMIT ROSE ENTERPRISES LLC PO BOX 3910 SALEM, OR 97302

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:

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

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 "J. Plotkin".

John C. Plotkin
President and CEO

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