Washington State Department of Agriculture
Commodity Inspection Division
Warehouse Audit Program
PO Box 11559 ◆ Spokane, WA 99211
TEL. 509-533-2488 ◆ FAX 509-533-2486

CERTIFICATE OF ISSUANCE OF INSURANCE ON WASHINGTON BONDED WAREHOUSE

Date: _____

The undersigned, duly authorized representative of:

_____ does hereby certify that sufficient insurance is provided to fully insure all commodities in storage on the premises listed hereunder for the full market value as required in Chapter 22.09.110 RCW.

Signature of Authorized Representative: _____

Title: _____

STATE NO.	LOCATION	LIMIT OF INSURANCE	If Limit of Insurance shown is "Loss Limit all Property", specify minimum amount of insurance that will be available for ***inventory only***

POLICY NUMBER(S)	INSURANCE COMPANY	POLICY EFFECTIVE	POLICY EXPIRES	% OF LIABILITY ASSUMED
				0.00%
				0.00%
				0.00%
			TOTAL:	0.00%

Upon the existence of an effective policy of insurance as required in RCW 22.09.110, the insurance company involved shall be required to give 30 days' advance notice to the department by registered mail or certified mail return receipt requested of any cancellation of the policy. (RCW 22.09.120)

The undersigned does hereby certify that he is duly authorized by each of the above named insurance companies to issue this certificate to the Director of Agriculture for and on behalf of said insurance companies.

Dated this _____ day of _____, _____

At_____, Washington

Signature of Agent: _____

Print Form

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