# I-ENG-A<sup>®</sup> OF PUGET SOUND by Schira Consulting Professional Forensic Engineering

# A MEMBER FIRM OF THE INVESTIGATIVE ENGINEERS ASSOCIATION













- Asbestos & Chemical Exposure
- Construction Defects
- Foundation Settlement
- Slip & Fall Reconstruction
- Accident Reconstruction
- Expert Witness Testimony
- Industrial Accidents
- Water Intrusion

- · Appliance Damage
- Fires and Explosions
- Property & Structural
- Work Environment Issues



I-ENG-A of Puget Sound

by Schira Consulting

Professional Forensic Engineering

1028 12th Street Bellingham, WA 98225

Phone: (360) 756-8957

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www.pugetsound.ienga.net / www.schira.biz

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# **MISSION STATEMENT**

I-ENG-A® of Puget Sound by Schira Consulting provides insurance and litigation clients with solutions to understand the cause and control costs of soaring claim settlements through knowledgeable and professional investigative support conducted by an experienced and diverse team of forensic experts.

# Investigate - Educate - Resolve

I-ENG-A® of Puget Sound by Schira Consulting was founded to provide the insurance claims industry and legal and other client representatives with a single source of contact for expertise and information relating to the practice of forensic engineering. It is the goal of the company and its associates to provide clear, concise and comprehensive information, findings and conclusions to claims adjusters, attorneys and risk management professionals in a professional, timely and cost-effective manner.

Schira Consulting's mission is to listen with intention, learn through our partnerships, and lead with expertise that will expand our client's engineering needs to their fullest potential.



# **BUSINESS PROFILE**

**I-ENG-A**® **of Puget Sound** is the forensic division of Schira Consulting. The firm is a member of the Investigative Engineers Association (I-ENG-A®). I-ENG-A® was founded in 1991 as the first association of forensic and investigative engineers doing business with the property and casualty insurance industries. Being a member of I-ENG-A allows the member firm to tap into forensic engineering resources regarding claims investigation. No single firm, no matter its size or how broad based its coverage, can possibly provide the level of service and combined resources that the national network of I-ENG-A can offer.

**I-ENG-A**<sup>®</sup> **of Puget Sound by Schira Consulting** provides clients with unbiased, comprehensive and concise investigative reports formatted to allow the reader to grasp difficult technical concepts and visualize the reasoning to support the conclusions.

# **Professional Engineering You Can Count On**

**Schira Consulting** is a sole proprietorship that is a Veteran Owned and a Women Owned Business established in 2001.

**Celt Schira** is a Licensed Professional Electrical Engineer, LEED Accredited Green Building Professional, providing architects and builders in Western Washington with electrical design services and green building expertise, to meet client's goals and budget.

Our vision is to develop a network of partnerships that will broaden our company's professional range while satisfying the needs of our clients and contributing to a better designed future.



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# INVESTIGATIVE ENGINEERS ASSOCIATION EXPERTISE

**I-ENG-A®** of Puget Sound by Schira Consulting has the ability to draw from the diverse resources of the Investigative Engineers Association network of forensic engineering firms. Additional expertise, when needed, is available through I-ENG-A® of Puget Sound by Schira Consulting in the following disciplines:

AISC Steel Erection

ANSI API ASME ASTM AWS AWWA

Acoustic Emission
Analytical Chemistry

Architectural Design and Design Practic-

es

Asbestos

Biochemistry and Bioinstrumentation

Blasting

Bridges and Roadways Burner Malfunctions Building and Land Surveying CERCLA RI/FS Investigations

Building Codes and Contract Administra-

tion

Chemical and Nuclear Waste Issues

Civil Engineering

Computer Based Analytical Methods

Concrete Failures
Construction Defects
Code Interpretation

Controls System Engineering and Con-

struction

Crane Collapse

Dams

Construction Practices and Safety

Design Dikes Drainage Earth Movement Eddy-Current

Electrical Controls and Failures Electrical Fire Cause and Origin

**Electrical Injuries** 

**Electrical Utility Power Systems** 

Environmental

Environmental Management and Reme-

diation

Failure Analysis (Mechanical/Civil) FDM-Confined Space Entry and Rescue

Fire and Arson Investigation Flooding/Flood Control Fluid Handling Systems

Footings

Foundation Failure Structural Analysis

Foundation Walls Freeze-Ups Gas Explosions Geosynthesis Geotechnical

Grading Issues

Ground Water/Storm Water

Hazardous Waste and Nonhazardous

Waste

Health and Safety (CIH)

Heavy Equipment Failure Analysis

Gun Design

High Voltage Transmission and Power Generation (Commercial, Residential

and Industrial)

Highway and Work Zone Safety

Household Appliances Fire Investigation Human Factors (Accident Reconstruc-

tion)

HVÁC Design

Hydraulics and Hydrology HVAC&R Mechanical Systems Hydrogeology (Geologist) Indoor Air Quality (CIH) Industrial Power Systems

Industrial Hygiene (Mold, Fungi, Bacte-

ria)

Industrial Safety and Operation

Landfills ISO14001 Leaks Levees

Lightning Damages/Determination

Liquid Penetrant Litigation Support

Low Voltage Distribution Systems Machining and Machine Design

Magnetic Particle Materials of Construction Materials Science

Mechanical Design/Failure Medical Instrument Design

Micromachining and Instrument Analysis

Mining

Moisture Surveys (Roofs, EIFS, Floors)

Mold Investigation

Mold Remediation Planning

NCE Oil and Gas Paving Pipelines

Post Office

Multiple Design

OHSA, ADA, Building Code Evaluations

Product Failure/Liability Project Management Radiographic Railroads

RCRA Hazardous Waste Recreation Centers

Refrigeration Systems Design Regulatory Technician Replacement Costs

Reservoirs

Risk Management/Risk Analysis

Road Construction Road Geometrics Roof Systems Safety Belt Usage

Sanitary Security Septic Failures

Sick Building Syndrome

Site Design Slip and Fall Analysis

Slope Stability

Soils and Geologic Investigations Sprinkler and Fire Suppression System

Sprinkler Discharge SSPC Industrial Painting Steel and Wood-framed Support Structures

Storage Process Tank Inspectors

Storm Water

Structural Engineering Structural Fire Investigation

Surveying

Surveying Disputes
Tanks Testing Programs
Traffic Accident Reconstruction

Traffic Accidents and Roadway Geomet-

rics

Traffic Law Ultrasonic UST/AST

Utilities and Drainage Vehicle Fire Investigation

Vehicular Mechanical Investigations

Vessel and Pipe Rupture

Vibration Visibility Concepts Visual Testing Waste Water

Water Management Water Quality Welded Fittings Wind Storm Damage

Wind, Floor and Fire Damage Assess-

ments

Wood Trusses Zoning and Planning





# **APPROACH & PROCESS**

Our investigative services extend to clients in all areas of insurance, loss, and loss mitigation. Typically, an assignment begins with a phone call, letter, fax or email from a potential client. During the initial client interview process, we request certain specific information relating to the case. Items such as the following may be discussed:

- Type of loss
- Date of loss
- Name and address of Insured
- Name and address of Claimant, if different
- Policy number
- Claim Number
- Name and telephone number of contact person at Adjuster's Office
- Estimated value of claim
- General outline of policy coverage

Schira Consulting
has established an exceptional
reputation for outstanding service
by providing our clients with
dedicated and skilled personnel
committed to their work.

Additionally, we solicit other general information that may be available:

- Any records and documents already obtained or available
- Any pertinent information in Adjuster's file
- Circumstances of this loss

If no records or documentation are available from a client or adjuster, we may choose to prepare additional requests for data, directly to the parties involved, their representatives, or any associated insurance providers always copying our client on the communications. Depending on the circumstances, we may also contact the parties involved to arrange an appointment and begin the forensic investigation at the location of damage, loss, or accident.

If the client has obtained records and documents, we will request that they be forwarded to us. After examination, we will consult with the client to agree on the plan for the investigation.



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# **OUR POLICY IN CASE HANDLING**

- 1. **I-ENG-A**® **of Puget Sound by Schira Consulting** will hold an initial discussion with you (the client) at no charge to validate the need for a case assignment.
- When you offer the assignment, and we accept the assignment, we mutually agree on the initial phase(s) of the investigation and acceptable hours/charges (or not to exceed).
- 3. As we complete each phase of the assignment, we will provide you an oral report. You provide us with one of the following directions:
  - a. You decide no further analysis is required, and authorize our final billing.
  - b. You decide the analysis is complete, direct us to submit a written report, and authorize our final billing with submission of the report.
  - c. You decide to continue with the next phase of the assignment.
- 4. If you decide to continue the assignment, you may expect the following:
  - a. You have authorized us to proceed; we will formally acknowledge the assignment, and submit a final bill for the analysis.
  - b.With the bill, we will submit additional time/charge estimate for completing the next phase of the assignment and an amount of the deposit required to begin the phase.
  - c.During the assignment, we will provide you verbal progress reports at least every two weeks, and submit monthly progress billing.
  - d. When we complete the assignment, we will provide a complete verbal report, which we will formalize in writing only upon your authorization to do so.
  - e.We will submit a written report (if you have authorized one) and a final billing.
- 5. We will provide you with timeliness and the services of qualified experts through our direct staff, our substantial resources and those of the Investigative Engineer's Association. We will handle our assignments in a cost effective manner leaving you in control at all times.



#### **SCHIRA CONSULTING**

1028 12TH STREET BELLINGHAM, WA 98225 SCHIRA@OPENACCESS.ORG MOBILE: 360-510-6537 OFFICE: 360-756-8957

Professional Electrical Engineer, WA State License #36777, DUNS #826404324 LEED Accredited Green Building Professional

## HIGHLIGHTS OF QUALIFICATIONS

- \* Over 30 years progressive experience in electrical engineering design, including power, lighting design, telecommunications, and renewable energy.
- \* Experienced systems engineer, bringing a multi-disciplinary approach to electrical design.
- \* Team player and highly motivated self-starter.
- \* Project management experience.
- \* WA WBE #W2F0025582, Federal DBE#D2F0025582, Federal VBE, WA State VOSB, King County SCS, Small Business Administration SBE.

#### SKILLS AND EXPERIENCE

#### **Electrical Engineering**

Registered professional engineer in private practice, providing electrical design for power distribution, lighting, telecommunications, renewable energy, grounding systems, and emergency power for buildings, parks and other structures. Recent projects include (9) multi-family / mixed-use buildings, a college building with classrooms, labs and a theater, a skilled nursing facility, (2) light industrial facilities and converting a floor from office to residential in a mixed use building.

#### **Telecommunications Engineering**

Experienced communications systems engineer, including radio frequency, microwave, cable, switching, telephony, backup and emergency power. Designed secure communications systems for new installations and upgrades at 15 remote sites in Korea, 1984 - 1987. Technical and administrative head of the U.S. Army's communications transmission systems test bed at Fort Huachuca, Arizona 1991 - 1992. Deployed to support the strategic backbone communications systems for NATO during Operation Desert Storm. Taught fiber optic engineering and transmission engineering at the Naval Postgraduate School 1992 - 1993.

#### **Project Management**

Prime contractor for lighting upgrade at Maritime Heritage Park, Bellingham, WA. Supervised the civil engineer, did the electrical design and engineer's estimate, wrote specification, prepared documentation in accordance with city requirements, did bid supervision and construction supervision of the \$250,000 project.

Project manager for a U.S. Army active duty unit with a worldwide mission. During extended reserve duty tours, met with clients to identify client needs, wrote requirements documents, found applicable guidance and regulations, coordinated support, provided budget estimates and provided project oversight for the communications infrastructure for three new facilities and two proposed construction projects during the period 1996-2000.

#### **EDUCATION**

M.S. Electrical Engineering, Vanderbilt University, Nashville, Tennessee. M.A., Applied Mathematics, A.B., Mathematics, University of California at Los Angeles.

## **Professional Memberships**

Institute for Electrical and Electronic Engineers, Society of Women Engineers

#### **TODD J. MOORE**

#### SCHIRA CONSULTING

MOBILE: 360-510-8876 OFFICE: 360-756-8957

#### EMAIL TODD.MOORE@SCHIRA.BIZ

#### HIGHLIGHTS OF QUALIFICATIONS

\* Six years of experience as an Electrical Design Technician for Schira Consulting.

\* Twenty-five years of experience in problem analysis and research skills in written and oral communication from background as a debate coach and English teacher.

#### SKILLS, KNOWLEDGE, AND ABILITIES

# **Electrical Design Technician**

# Schira Consulting October 2016 - Present

- \* Application of National Electric Code (NEC) 2014, 2017, and 2020 standards to power distribution.
- \* Extensive use of Washington Administrative Code Energy and Lighting requirements.
- \* Drafting electrical and lighting plans with appropriate symbols, scale, linework, layers, orientation, and attribution.
- \* Electrical circuiting based on one-line drawing and mechanical schedules.
- \* Power studies drafting and research including arc flash hazards, short circuit, and selective coordination studies.

#### **Civil Design Training**

- \* Roadway design with geometry, setbacks, and sightlines.
- \* Surveying for site and construction with traditional and laser equipment.
- \* Civil engineering earthworks, materials, and soil mechanics.
- \* Contracts and construction law.

#### **Technology**

- \* AutoCAD 2014-2023 drafting and printing as primary work tool.
- \* CivilCAD 3D 2016-2021 drafting and program command troubleshooting.
- \* SKM Power Tools 10.0 power system drafting, evaluation, and revision.
- \* Survey training in Total Station, GPS, and drone survey.

#### Communication

\* Writing, listening, and note-taking skills from 6 years of teaching English, Speech and Debate in secondary education.

## **EDUCATION**

B.S. Civil Engineering Technology, Washington Engineering Institute, November 2016B.A. English and Communication/Secondary Education, Western WashingtonUniversity, June 2000

#### **DUSTIN SCHMIDT**

#### SCHIRA CONSULTING

MOBILE: 360-920-5775 OFFICE: 360-756-8957

#### EMAIL DUSTIN.SCHMIDT@SCHIRA.BIZ

#### HIGHLIGHTS OF QUALIFICATIONS

- \* Commercial and multi-family power distribution and lighting design, construction support and NEC compliance.
- \* Electronics design, failure assessment, troubleshooting and repair.
- \* Proficient with Assembly, Embedded C++, Python, and MATLAB programming languages, as well as AutoCAD and Altium design tools.

#### SKILLS, KNOWLEDGE, AND ABILITIES

# **Electrical Design Technician**

#### Schira Consulting March 2020 - Present, Bellingham, WA

- \* Design, document and ensure National Electrical Code compliance for multi-family and commercial construction projects under supervision of a professional engineer, including progressive responsibility for coordinating with clients and conducting site surveys.
- \* Developed standards for four year electrician's apprentice program.
- \* Generated code for Field Programmable Gate Array educational curriculum.

# Advanced Deployment / Owner Operator Nov 2014-April 2018, Bellingham, WA

- \* Responsible for production, QA, equipment maintenance on commercial laser engraving equipment for rapid turnaround custom work.
- \* Managed inventory and coordinated with designer on new product feasibility.

# Barcode Repair / Lab Technician October 2012-October 2014, Ferndale WA

- \* Responsibilities included troubleshooting, maintaining, repairing and assembling industrial and vehicular logistics units.
- \* Repaired and assessed handheld logistics units and provided resolution to clients.
- \* Provided management with written diagnosis and provided resolution of all faults in equipment.

#### **EDUCATION**

B.S. Electrical and Computer Engineering, Western Washington University, June 2023 with Honors

Electronics Engineering Technician Certificate in Renewable Energy, Bellingham Technical College, June 2012 with Honors

# **NATIONAL CLIENTS LIST**

The Investigative Engineers Association (I-ENG-A®) network has worked with most major insurance companies since its inception in 1991. Following is a list of many of the companies who have used our services. If you require further information, please email your request to info@ienga.com.

AAA Acuity, Inc. Adjusters International Aetna **AIG Claims Services** Allied Group Insurance Allstate Insurance Co. American Family Insurance American Fire and Indemnity American Hardware Insurance American Indemnity Group American States Insurance Company Amerisure Ameriprise Amherst, Inc. Amica Amica Mutual Ins. Co. Anthem Insurance Company Appalachian Claims Service Armed Forces Insurance Associated Claims Service Associates Insurance Adjust-Atlantic Mutual Insurance Co. Auto Owners Insurance Bankers & Shippers Bierman-Condroy Bi-State Claims Billings Adjusting Service Boat US **Buttner Associates** Cal Farm Cannon Cochran Mgmt. Svcs. Canvon State Insurance Central Texas CNAA Property Claims Division **CGU** Chrysler Insurance Chubb Group Church Mutual Insurance Cincinnati Insurance Co. **CNA Insurance** 

Continental Continental Western Group Corporate Claims Management Corrick, Peter & Associates Country Companies (CCI) Crawford & Company Crawford & Company (Crum Home Insurance Co. & Forster) Cumberland Insurance Group Custard Insurance Economical Mutual Ins. Co. **EMC Insurance Company** Employers Mutual Insurance ITT Hartford **Encompass Insurance** Erie Insurance Group Evans & Dixon **Excelsior Exchange** Farm Bureau Farmer's Home Mutual Farmers Insurance Group Federated Mutual Insurance Co. Fidelity National Insurance Fireman's Fund First Insurance Company of Hawaii Francis, LaBrash, Quibell, & Associates Frontier Adjusters of Hawaii GAB Business Services, Inc. **GAB Robins** Gallagher Bassett Garden City Claim Service Gay & Taylor General Accident Germantown Mutual Global Claims Service Gore Insurance Goward, Inc. Grange Mutual Casualty Grange Insurance Associates Great American Insurance Columbia Insurance Company Great Oaks Insurance Co. Guardian Insurance Guide One Insurance Halifax Insurance

Hamilton Farmers' Mutual Hanover Insurance Company Harbin Adjusters Harleysville Insurance Company Hartford Ins. Group Heritage Hoosier Insurance Hubanks & Kendall, Inc. INA Insurance Co. Indiana Farmers Mutual Indiana Insurance Island Insurance Companies Kemper Insurance Lashley & Bear Law Offices of Cozen & O'Conner Leamon Adjusting Co. Lemars Mutual Insurance Liberty Mutual Farmers Mutual of Nebraska Lindsey Morden Claim Services, Inc. LMI Lyons, Brandt, Cook & Hiramatsu Markel Insurance Company of Canada Maryland Casualty Maryland Insurance Group Meredith Adjusting Service Mid-Continent Casualty Miller's Mutual Ins. Co. Morse, David & Associates Motorists Insurance Co. Motorists Mutual Insurance **MPI** MSI Insurance National Interstate Nationwide Insurance Co. Nixon & Company Nodak Mutual Insurance Co. Northbrook Insurance Nova Casualty Company Ohio Casualty Group ORION NATIONAL Pacific Insurance Company

Parkway Insurance Peerless Insurance Pekin Insurance Pilot Insurance Preferred Risk Mutual Prudential Insurance Prudential-LMI Commercial Insurance Co. R. Ian Pepper Insurance Adjusters. Inc. RBT Adjusters, Inc. Republic Insurance Group Royal Insurance Safeco Sams & Associates Sazant, Grenier & Assoc. Scheppers O'Brien Scottsdale Ins. Co. St. Paul Fire & Marine St. Paul/Travelers Insurance Stivers & Powers State National Insurance Tessier & Associates/Halifax Ins. The Shelby Insurance Group The Hartford TIG Insurance Group TransAmerica (Now TIG) Travelers Insurance Co. Travelers Property Casualty **Travelers UCIG** U.S.F. & G. Underwriters Adjustment Bureau United Fire Group USAA Utah Home Fire Insurance Wausau Ins. West Bend Mutual Western National Assurance Westfield Companies Zurich North American ZC Sterling Insurance



Commercial Insurance

Commercial Union Ins.

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# **ORDER FORM**

There are several methods to order a claim investigation:

| Name:Company Name:   |                           |   |      |
|--|---------------------------|---|------|
|  |                           |   |      |
| ddress:  |                           |   |      |
| City:  | State:                    | Zip:  |      |
| Email:   | Phone:                    | Fax:  |      |
| Address:   | Date of Loss:             |   |      |
| Your Client  |                           |   |      |
| Adverse Party:   |                           |   |      |
| Location of Occurrence:  |                           |   |      |
| Location of Occurrence:  | State:                    | Zip:  |      |
| Additional Instructions:   |                           |   |      |
| Traffic Accident Reconstr<br>Construction Defect<br>Personal Injury<br>Product Liability  Other (Please Describe): | Mecha<br>Fire an<br>Cause | nical and Electrical<br>d Arson Investigation<br>and Origin |      |
| Completion Target Date:  | Priorit                   | y Level: Low Med  | High |
| NVOICING INFORMATION:  |                           |   |      |
| Company Name:  |                           |   |      |
| Address:<br>City:  | State:                    | Zip:  |      |
|  | State.                    | ∠ın:  |      |



# **RATE SHEET**

## **HOURLY RATES**

| • | Principal Engineer     | \$ 185.00/hr |
|---|------------------------|--------------|
| • | Senior Engineer        | \$ 175.00/hr |
| • | Engineer               | \$ 165.00/hr |
| • | Engineering Technician | \$ 120.00/hr |
|   | Clerical Support       | \$ 60.00/hr  |
|   | Depositions/Court      | \$ 250.00/hr |

# **EXPENSES**

| • | Consultants | Invoice Cost + 20% |
|---|-------------|--------------------|
|   | Shipping    | Invoice Cost       |
|   |             |                    |

Laboratory Analysis Invoice Cost

Mileage Current Government Rate
 Large Evidence \$200 pick-up/\$75 per month storage
 Small Evidence \$100 pick-up/\$25 per month storage





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/14/2023

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 have ADDITIONAL INSURED provisions or 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).

| S  | tatement on this certificate does not                                | conf  | er rig | hts to the certificate hole     |   |                            | <u>endorsement</u>         | t(s).                                     |              |  |
|--|--|-------|--------|---------------------------------|---|----------------------------|----------------------------|---|--------------|--|
| PRC  | DUCER  |       |        |                                 | CONTAC<br>NAME:                               | т                          |                            |   |              |  |
| Association Member Benefits Advisors, LLC.         |  |       |        |                                 | PHONE FAX                                     |                            |                            |   |              |  |
| In CA dba Assn. Member Benefits & Insurance Agency |  |       |        |                                 | (A/C, No, Ext): (A/C, No):                    |                            |                            |   |              |  |
|  | .O. Box 850179   |       |        |                                 | ADDRES  | S:                         |                            |   |              |  |
| Minneapolis, MN, 55485-0179                        |  |       |        |                                 | INSURER(S) AFFORDING COVERAGE                 |                            |                            |   | NAIC#        |  |
|  |  |       |        |                                 | INSURER A: Beazley American Insurance Company |                            |                            |   |              |  |
| INSURED  |  |       |        |                                 | INSURER B:                                    |                            |                            |   |              |  |
| С  | elt M Schira   |       |        |                                 | INSURE  | RC:                        |                            |   |              |  |
| db   | a Schira Consulting  |       |        |                                 | INSURE  |                            |                            |   |              |  |
| 10   | 28 12th Street   |       |        |                                 |   |                            |                            |   |              |  |
| Be   | ellingham, WA 98225  |       |        |                                 | INSURE  |                            |                            |   |              |  |
| _  |  |       |        |                                 | INSURE  | RF:                        |                            |   |              |  |
|  |  |       |        | NUMBER:                         |   |                            |                            | REVISION NUMBER:                          |              |  |
|  | HIS IS TO CERTIFY THAT THE POLICIES                                  |       |        |                                 |   |                            |                            |   |              |  |
|  | IDICATED. NOTWITHSTANDING ANY REC<br>ERTIFICATE MAY BE ISSUED OR MAY |       |        |                                 |   |                            |                            |   |              |  |
|  | XCLUSIONS AND CONDITIONS OF SUCH F                                   |       |        |                                 |   |                            |                            |   | ,            |  |
| INSR<br>LTR  | TYPE OF INSURANCE  |       | SUBR   | POLICY NUMBER                   |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                    |              |  |
|  | COMMERCIAL GENERAL LIABILITY   | INSD  | WVD    |                                 |   | (,22,)                     | (MING DD) 1 1 1 1 )        | EACH OCCURRENCE                           |              |  |
|  | CLAIMS-MADE OCCUR  |       |        |                                 |   |                            |                            | DAMAGE TO RENTED PREMISES (Fa occurrence) |              |  |
|  |  |       |        |                                 |   |                            |                            | MED EXP (Any one person)                  |              |  |
|  |  |       |        |                                 |   |                            |                            | PERSONAL & ADV INJURY                     |              |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:                                   |       |        |                                 |   |                            |                            | GENERAL AGGREGATE                         |              |  |
|  | POLICY PRO-<br>JECT LOC  |       |        |                                 |   |                            |                            | PRODUCTS - COMP/OP AGG                    |              |  |
|  | OTHER:   |       |        |                                 |   |                            |                            |   |              |  |
|  | AUTOMOBILE LIABILITY   |       |        |                                 |   |                            |                            | COMBINED SINGLE LIMIT (Fa accident)       |              |  |
|  | ANY AUTO   |       |        |                                 |   |                            |                            | BODILY INJURY (Per person)                |              |  |
| OWNED SCHEDULED AUTOS ONLY AUTOS                   |  |       |        |                                 |   |                            |                            | BODILY INJURY (Per accident)              |              |  |
|  | HIRED AUTOS NON-OWNED  |       |        |                                 |   |                            |                            | PROPERTY DAMAGE                           |              |  |
|  | ONLY AUTOS ONLY  |       |        |                                 |   |                            |                            | (Per accident)                            |              |  |
|  | UMBRELLA LIAB OCCUR  |       |        |                                 |   |                            |                            | EACH OCCURRENCE                           |              |  |
|  | EXCESS LIAB CLAIMS-MADE  | Ш     |        |                                 |   |                            |                            | AGGREGATE                                 |              |  |
|  | DED RETENTION \$   |       |        |                                 |   |                            |                            |   |              |  |
|  | WORKERS COMPENSATION   |       |        |                                 |   |                            |                            | PER OTH- ER STATUTE                       |              |  |
|  | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE             |       |        |                                 |   |                            |                            |   |              |  |
|  | OFFICER/MEMBER EXCLUDED?   | N/A   |        |                                 |   |                            |                            | E.L. EACH ACCIDENT                        |              |  |
|  | (Mandatory in NH)  If yes, describe under                            |       |        |                                 |   |                            |                            | E.L. DISEASE - EA EMPLOYEE                |              |  |
|  | DÉSCRIPTION OF OPERATIONS below                                      |       |        |                                 |   |                            |                            | E.L. DISEASE - POLICY LIMIT               |              |  |
| A  | OTHER: ENGINEERS PROFESSIONAL  |       |        | C22 A D02204.04                 |   | 06/45/2022                 | 06/45/2024                 | DEDUCTIBLE: PER CLAIM: (                  | )            |  |
|  | LIABILITY INSURANCE  |       |        | C32AD8220101                    |   | 06/15/2022                 | 06/15/2024                 | LIMITS: PER CLAIM:                        |              |  |
|  | RETRO DATE: 06/15/2007   |       |        |                                 |   |                            |                            | AGGREGATE:                                | \$1,000,000  |  |
| DES  | CRIPTION OF OPERATIONS/LOCATIONS/VEHICL                              | ES (A | CORD 1 | 101, Additional Remarks Schedul | e, may be                                     | attached if more           | space is required          | d)  |              |  |
|  |  |       |        |                                 |   |                            |                            |   |              |  |
| CL   | AIMS MADE POLICY   |       |        |                                 |   |                            |                            |   |              |  |
| CE   | RTIFICATE HOLDER   |       |        |                                 | CANO  | ELLATION                   |                            |   |              |  |
| C  | elt M Schira   |       |        | <u> </u>                        |   |                            |                            |   |              |  |
| dl   | dba Schira Consulting  |       |        |                                 |   |                            |                            | ESCRIBED POLICIES BE CANC                 |              |  |
| 10   | 028 12th Street  |       |        |                                 |   |                            |                            | EREOF, NOTICE WILL BE                     | DELIVERED IN |  |
| В  | ellingham, WA 98225  |       |        |                                 | ACC   | OKDANCE WI                 | IN THE POLIC               | Y PROVISIONS.                             |              |  |
|  |  |       |        |                                 | ALITHO  | DIZED DEDDES               | ENTATIVE                   |   |              |  |
|  |  |       |        | AUTHORIZED REPRESENTATIVE       |   |                            |                            |   |              |  |

ACORD 25 (2016/03)

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# Form (Rev. November 2005) Department of the Treasury

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

| miconna  | Revenue Service                     |                           |                            |                      |            |                       |                                |
|--|-------------------------------------|---------------------------|----------------------------|----------------------|------------|-----------------------|--------------------------------|
| - ci   | Name (as shown of                   | on your income tax retu   | m)                         |                      |            |                       |                                |
| page   | Celt M. Schira                      |                           |                            |                      |            |                       |                                |
| g  | Business name, if                   | different from above      |                            |                      |            |                       |                                |
| 8  | Schira Consult                      | ting                      |                            |                      |            |                       |                                |
| Print or type<br>Specific Instructions on  | Check appropriate                   | box: Individual/          | etor Corporation           | Partnership [        | ☐ Other ▶  |                       | Exempt from backup withholding |
| 햛  | Address (number,                    | street, and apt. or suite | e no.)                     |                      |            | Requester's name and  | address (optional)             |
| 돌프   | 1028 12th St                        |                           |                            |                      |            |                       |                                |
| _ ≅  | City, state, and ZI                 | P code                    |                            |                      |            |                       |                                |
| ě  | Bellingham, W                       | A 98225                   |                            |                      |            |                       |                                |
| See S  | List account numb                   | per(s) here (optional)    |                            |                      |            |                       |                                |
| Par  | Taxpaye                             | er Identification         | Number (TIN)               |                      |            |                       |                                |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  |                                     |                           |                            |                      |            |                       |                                |
|  | If the account is i<br>er to enter. | n more than one nar       | me, see the chart on page  | ge 4 for guidelines  | on whose   |                       | identification number          |
| Par  | t II Certifica                      | ation                     |                            |                      |            |                       |                                |
| Unde   | r penalties of perju                | ry, I certify that:       |                            |                      |            |                       |                                |
| 1. TI  | ne number shown                     | on this form is my co     | orrect taxpayer identifica | ation number (or I a | am waiting | for a number to be is | ssued to me), and              |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  |                                     |                           |                            |                      |            |                       |                                |
| 3. I am a U.S. person (including a U.S. resident alien).   |                                     |                           |                            |                      |            |                       |                                |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.) |                                     |                           |                            |                      |            |                       |                                |
| Sign<br>Here   |                                     | Culty                     | Lalisa                     |                      | Da         | ate > 3/19 /          | 2018                           |

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S.** person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,