



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/14/2022

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).

PRODUCER Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C. No. Ext): 1-877-945-7378 FAX (A/C. No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED The Boeing Company 100 N. Riverside Plaza Chicago, IL 60606-1596	INSURER A: ACE American Insurance Company NAIC # 22667	
	INSURER B: Indemnity Insurance Company of North Ameri NAIC # 43575	
	INSURER C: ACE Fire Underwriters Insurance Company NAIC # 20702	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W23923186

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G72488672	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 AUTO LIABILITY (AOS) \$ 10,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Auto Phys Damage <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> is self insured			ISA H25553159	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 No	N/A	WLR C67813030	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Workers Compensation & Employers Liability Per Statute			WLR C67812876	10/01/2021	10/01/2022	E.L. Each Accident \$1,000,000 E.L. Disease-EA EMPL \$1,000,000 E.L. Disease-POL LMT \$1,000,000

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

This Voids and Replaces Previously Issued Certificate Dated 01/20/2022 WITH ID: W23809441.

**** COMPREHENSIVE LIABILITY INSURANCE - POLICY #HDO G72488672**

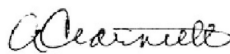
Coverage includes Comprehensive General Liability, Contractual Liability, Products-Completed Operations, Personal Injury, Advertising Injury, Benefits Injury (Claims-Made), and applies to all premises and operations. This policy SEE ATTACHED

CERTIFICATE HOLDER

Snohomish County - Paine Field Airport
 Attn: Real Estate Specialist
 3220 100th St. SW, Suite A
 Everett, WA 98204

CANCELLATION

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


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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED The Boeing Company 100 N. Riverside Plaza Chicago, IL 60606-1596	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

also provides Automobile Liability for all autos which are not separately insured. Physical Damage for Automobiles is Self-Insured.

Regarding the Lease Agreement between Snohomish County ("Lessor") and The Boeing Company ("Lessee") for premises at 8415 Paine Field Blvd, Everett, WA 98275-3289. Snohomish County, its officers, elected officials, agents and employees are named as Additional Insureds, but only to the extent required in Section 5.02 of the Lease Agreement. [Visual Lease No WA-EVT7-15 V.2 (FOF)]. Certificate Holder is included as an Additional Insured as respects to Automobile Liability. General Liability policy shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insureds.

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: WLR C67812918 EFF DATE: 10/01/2021 EXP DATE: 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Employers Liability	E.L. Each Accident	\$1,000,000
Per Statute	E.L. Disease-EA EMPL	\$1,000,000
	E.L. Disease-POL LMT	\$1,000,000

INSURER AFFORDING COVERAGE: Indemnity Insurance Company of North America NAIC#: 43575
 POLICY NUMBER: WLR C67812922 EFF DATE: 10/01/2021 EXP DATE: 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Employers Liability	E.L. Each Accident	\$1,000,000
Per Statute	E.L. Disease-EA EMPL	\$1,000,000
	E.L. Disease-POL LMT	\$1,000,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: WLR C67812955 EFF DATE: 10/01/2021 EXP DATE: 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Employers Liability	E.L. Each Accident	\$5,000,000
Per Statute	E.L. Disease-EA EMPL	\$5,000,000
	E.L. Disease-POL LMT	\$5,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED The Boeing Company 100 N. Riverside Plaza Chicago, IL 60606-1596	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company **NAIC#:** 20702
POLICY NUMBER: SCF C67813078 **EFF DATE:** 10/01/2021 **EXP DATE:** 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Employers Liability	E.L. Each Accident	\$1,000,000
Per Statute	E.L. Disease-EA EMPL	\$1,000,000
	E.L. Disease-POL LMT	\$1,000,000

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured The Boeing Company			Endorsement Number 4
Policy Symbol ISA	Policy Number H25553159	Policy Period 10/01/2021 TO 10/01/2022	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your "employees" or agents.
 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

ADDITIONAL INSURED - SCHEDULED PERSON OR ORGANIZATION

Named Insured The Boeing Company			Endorsement Number 58
Policy Symbol HDO	Policy Number G72488672	Policy Period 10/01/2021 TO 10/01/2022	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMPREHENSIVE LIABILITY INSURANCE POLICY

In consideration of the premium charged, the person(s) or organization(s) shown in the Schedule is included and added as additional insured(s) subject to the following provisions:

With respect to BODILY INJURY or PROPERTY DAMAGE, to such extent and for such Limits of Liability (not in excess of the Limits of Liability afforded by this policy) as the NAMED INSURED has agreed in writing before loss to provide insurance subject to the following provisions:

- a. The limit of the Company's liability shall be the Limits of Liability stated in the policy or the Limits of Liability required by the provision of such contract, whichever are less;
- b. Where required by contract, this insurance shall apply as primary and non- contributory insurance to other insurance purchased by the additional insured;
- c. This additional insured status is limited and qualified solely to the extent of the indemnification provisions in the contract.

SCHEDULE

Name of Organization: Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss, but only to the extent required by such written contract..

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy other than as above stated.