



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2025

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 MARSH USA LLC. 1166 Avenue of the Americas New York, NY 10036-2774 Attn: NewYork.Certs@marsh.com	CONTACT NAME: Marsh USA LLC - Certificate Specialists PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): E-MAIL ADDRESS:
CN101730110--MATCH-24-25	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Prop. Casualty Co. Of America INSURER B: Travelers Casualty & Surety Co. of America INSURER C: Illinois Union Insurance Co INSURER D: INSURER E: INSURER F:
INSURED *QUEST DIAGNOSTICS INCORPORATED AND SUBSIDIARIES 500 PLAZA DRIVE SECAUCUS, NJ 07094	NAIC # 25674 31194 27960

COVERAGES**CERTIFICATE NUMBER:**

NYC-012420927-01

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
C	<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:			MLP G27484153 012	12/15/2024	12/15/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TC2JCAP-266T3603-TIL-24	12/15/2024	12/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A 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 <input checked="" type="checkbox"/> N	N/A	UB-0R991681-24-51-K (AOS) UB-0R862324-24-51-R (AZ MA WI)	12/15/2024 12/15/2024	12/15/2025 12/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Snohomish County is/are included as additional insured (except Workers' Compensation) where required by contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**Snohomish County
3020 Rucker Ave.
Everett, WA 98201

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

Marsh USA LLC

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ADDITIONAL INSURED(S) ENDORSEMENT – WRITTEN CONTRACT

Named Insured Quest Diagnostics Incorporated			Endorsement Number 5
Policy Symbol MLP	Policy Number G27484153 012	Policy Period 12/15/2024 to 12/15/2025	Effective Date 12/15/2024
Issued By (Name of Insurance Company) Illinois Union Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies coverage under the following:

 X **HEALTHCARE FACILITIES PROFESSIONAL LIABILITY COVERAGE PART (CLAIMS MADE)**

 X **GENERAL LIABILITY COVERAGE PART (OCCURRENCE)**

It is understood and agreed that the Coverage Part(s) selected above is/are modified as follows:

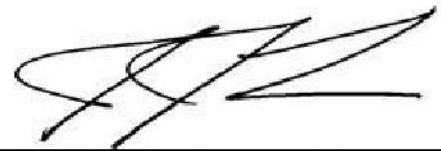
- At the **WHO IS AN INSURED** section(s) of the applicable Coverage Part(s) selected above by including as an additional “insured” any natural person or organization with which any Named Insured has a written contract: (i) in effect during the Policy Period; and (ii) executed prior to the “bodily injury”, “property damage”, “personal or advertising injury” or “professional incident” occurring or being committed, if such written contract requires that this policy include such natural person or organization as an insured hereunder.

However, coverage for such additional “insured” under this endorsement is limited as follows:

- If the Limits of Insurance stated in the Declarations exceed the limits of insurance required by such written contract, then the insurance provided by this endorsement shall be limited to the limits of insurance required by such written contract. This endorsement shall not increase the Limits of Insurance stated in the Declarations.
- If Professional Liability coverage is selected above, then such natural person or organization is an additional “insured” only for liability arising solely out of “healthcare professional services” performed by you or on your behalf for such additional “insured” and within the scope of your written contract with such additional “insured”.
- If General Liability coverage is selected above, then such natural person or organization is an additional “insured” only for “bodily injury”, “property damage” or “personal or advertising injury” caused by an “occurrence” or offense that was caused solely by:
 - you or your “employees” acting on your behalf; and
 - performed on behalf of such additional “insured” and within the scope of your written contract with such additional “insured”.
- Where no coverage shall apply herein for the Named Insured, no coverage or defense shall be afforded to such additional “insured”.
- This coverage shall not apply to any liability arising out of the sole negligence of such additional “insured”.

2. If the General Liability Coverage Part is indicated by a check mark above, then Section **IV. ADDITIONAL EXCLUSIONS**, subsection **C. Contractual Liability** of the General Liability Coverage Part is amended to include the following after “This exclusion does not apply to liability for damages”:
- Assumed in a written contract pursuant to the **ADDITIONAL INSURED(S) ENDORSEMENT – WRITTEN CONTRACT**, Form Number Quest Diagnostics FAC Prim 1 (12/21).
3. If the Professional Liability Coverage Part is indicated by a check mark above, then Section **IV. ADDITIONAL EXCLUSIONS**, subsection **D. Contractual Liability** of the Professional Liability Coverage Part is amended to include the following after “This exclusion does not apply to liability for damages”:
- Assumed in a written contract pursuant to the **ADDITIONAL INSURED(S) ENDORSEMENT – WRITTEN CONTRACT**, Form Number Quest Diagnostics FAC Prim 1 (12/21).

All other terms and conditions of this policy remain unchanged.



Authorized Representative

**OTHER INSURANCE CONDITION MODIFICATION- PRIMARY, NON-
CONTRIBUTORY FOR GENERAL LIABILITY COVERAGE ONLY**

Named Insured Quest Diagnostics Incorporated			Endorsement Number 18
Policy Symbol MLP	Policy Number G27484153 012	Policy Period 12/15/2024 to 12/15/2025	Effective Date of Endorsement 12/15/2024
Issued By (Name of Insurance Company) Illinois Union 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 coverage under the following:

GENERAL LIABILITY COVERAGE PART (OCCURRENCE)

Additional Premium: \$ N/A

In consideration of the additional premium set forth above, if applicable, it is understood and agreed that:

1. Section **V. ADDITIONAL CONDITIONS**, subsection **B. Other Insurance** is hereby deleted in its entirety and replaced with the following:

B. Other Insurance

If any liability covered under this policy is covered under any other valid and collectible insurance, then:

- 1) this policy shall cover such liability on a primary basis; and
- 2) we will not seek contribution from such other valid insurance available to the additional "insured", provided however, that subject to the General Aggregate Deductible and any Policy Aggregate Deductible shown in the Declarations, our obligations under this policy are excess of the Each "Occurrence" Deductible shown in the Declarations.

All other terms and conditions remain unchanged.



Authorized Representative

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US – CONDITION AMENDED

Named Insured Quest Diagnostics Incorporated			Endorsement Number 23
Policy Symbol MLP	Policy Number G27484153 012	Policy Period 12/15/2024 to 12/15/2025	Effective Date 12/15/2024
Issued By (Name of Insurance Company) Illinois Union Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:
GENERAL POLICY PROVISIONS – GENERAL LIABILITY AND
PROFESSIONAL LIABILITY COVERAGE**

It is agreed that Section **IV. CONDITIONS**, Condition **M. Transfer Of Rights Of Recovery Against Others To Us** is amended to add the following:

We waive any right of recovery for payments made under this policy that we may have against any natural person(s) or organization(s) listed in the Schedule below, provided that:

1. your agreement or contract with such natural person or organization listed in the Schedule below requires that you waive your rights to recover all or part of any payments that we have made under this policy; and
2. your agreement or contract with such natural person or organization listed in the Schedule below was executed and in effect prior to the time of the “professional incident”, “occurrence” or offense.

This waiver applies only with respect to the specific agreement or contract existing between you and such natural person or organization listed in the Schedule below.

SCHEDULE

Person(s) or Organization(s):

Persons or organizations that you are obligated to add as additional insureds
per your agreements or contracts

All other terms and conditions of this policy remain unchanged.



Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

The following is added to Paragraph **c.** in **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE** in the **BUSINESS AUTO COVERAGE FORM** and Paragraph **e.** in **A.1., Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE** in the **MOTOR CARRIER COVERAGE FORM**, whichever Coverage Form is part of your policy:

This includes any person or organization who you are required under a written contract or agreement

between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".