

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/24/2021

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 come rights to the certificate noider in nea of such endorsement(s).						
PRODUCER		CONTACT NAME:				
Aon Risk Services Central, In Omaha NE Office		PHONE (A/C. No. Ext):	HONE A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-00			
17807 Burke Street Suite 401		E-MAIL ADDRESS:				
Omaha NE 68118 USA			INSURER(S) AFFORDING COVERAGE		NAIC#	
INSURED		INSURER A:	The Phoenix Insuranc	e Company	25623	
Intrado Corporation 11808 Miracle Hills Drive Omaha NE 68154 USA		INSURER B:	Travelers Property C	as Co of America	25674	
		INSURER C:	The Travelers Indemn	ity Co.	25658	
		INSURER D:				
		INSURER E:				
		INSURER F:				
001/504050	CERTIFICATE AUGUSTED 5700000001	- 0	DEVIOLO	NI AULUADED		

CERTIFICATE NUMBER: 570090393158 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.

	Limits snown are as requested								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMITS	3
Α	Х	COMMERCIAL GENERAL LIABILITY	Υ		6604P037079	02/01/2021	02/01/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							
В	AUT	OMOBILE LIABILITY			BA 4P971616	02/01/2021	02/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	
		OWNED SCHEDULED						BODILY INJURY (Per accident)	
		AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
В	Х	UMBRELLA LIAB X OCCUR			CUP4P972649	02/01/2021	02/01/2022	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$10,000							
Α		PRKERS COMPENSATION AND PLOYERS' LIABILITY			UB8R1295262151K	02/01/2021	02/01/2022	X PER STATUTE OTH-	
С	AN	Y PROPRIETOR / PARTNER / EXECUTIVE			AOS UB8R1260512151R	02/01/2021	02/01/2022	E.L. EACH ACCIDENT	\$1,000,000
١	(Ma	andatory in NH)	N/A		AZ,FL,MA,NE,OR,WI	02/01/2021		E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If y	es, describe under SCRIPTION OF OPERATIONS below			, , , , , ,			E.L. DISEASE-POLICY LIMIT	\$1,000,000

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy

CERTIFICATE HOLDER	CANCELLATION

Snohomish County Dept. of Information Technology 3000 Rockefeller Ave., M/S 709 Everett WA 98201 USA

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

Aon Rish Services Central Inc

AGENCY CUSTOMER ID: 570000031281

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY		NAMED INSURED
Aon Risk Services Central, Inc.		Intrado Corporation
POLICY NUMBER See Certificate Number: 570090393158		
CARRIER	NAIC CODE	
See Certificate Number: 570090393158		EFFECTIVE DATE:

ADDITIONAL REMARKS

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THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
                                                            Schedule of Named Insureds
Coverage applies to the following subsidiaries to the extent of the policy terms and conditions:
Intrado Corporation
Intrado Facilities, LLC
Intrado Interactive Services Corporation
Intrado International LLC
Intrado IP Communications, Inc.
Intrado Digital Media, LLC
Intrado Professional Services, Inc.
Intrado Safety Communications, Inc.
Intrado Safety Communications of Virginia, Inc.
Intrado Life & Safety, Inc.
Intrado Life & Safety Solutions Corporation
Intrado Enterprise Collaboration, Inc.
Callpointe.com, Inc.
INXPO, Inc.
Marketwire, LLC
Meetingconnect, LLC
MW Holdco (2006) Inc.
West Government Systems LLC
Intrado Communications Holdings, LLC
Intrado Communications, LLC
West Command Systems, Inc.
West Receivable Services, Inc.
Zferral, Inc. (dba Ambassador Software)
Intrado DM Holdings, L.P.
Intrado DM Holdings GP, LLC
Intrado DM Holdings, Inc.
Intrado DM International Corporation
Twenty First Century Communications of Canada, Inc.
West Corporation
Asparia, Inc
Intrado EC Holdings GP, LLC
Intrado EC Holdings, L.P.
Intrado EC Holdings, Inc
Junction Networks Inc
Intrado Cloud Communications, Inc
CX360, Inc
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