



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/23/2024

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 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).

<b>PRODUCER</b> Parker, Smith & Feek Insurance, LLC. 2233 112th Avenue NE Bellevue, WA 98004	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 425-709-3600 <b>FAX (A/C, No):</b> 425-709-7460 <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Alaska National Ins. Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Sierra Services, Inc. 14800 NE North Woodinville Way Woodinville, WA 98072	<b>NAIC #</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Ded: \$50,000 BI/PD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X		24CLY11741	03/31/2024	03/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PD Liability <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		24CAS11741	03/31/2024	03/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		24CLY11741 ** WA Stop Gap/Employers Liability	03/31/2024	03/31/2025	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
SSC Job - 07-23-01 - Land Lease Option for future hangar development - Spring of 2024 – Summer of 2025.

The County, its officers, officials, employees and agents are additional insureds and coverage is primary and noncontributory on the automobile and general liability policies per the attached endorsements/forms. Notice of cancellation applies on the automobile liability and general liability policies per the attached endorsements./forms...  
(See Attached Description)

<b>CERTIFICATE HOLDER</b> Snohomish County Airport, Paine Field 3220 100th St. SW Suite A Everett, WA 98204	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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## DESCRIPTIONS (Continued from Page 1 )

CANCELS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE.

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**CONTRACTORS' GENERAL LIABILITY ENHANCEMENT ENDORSEMENT**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Coverage afforded under this extension of coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Coverage Part.

**SCHEDULE OF COVERAGES ARE SUMMARIZED BELOW**

**1. Miscellaneous Additional Insureds**

8 additional insured extensions.

**Primary and Noncontributory Insurance**

**2. Damage To Premises Rented to You**

Limit increased to \$500,000.

**3. Medical Payments**

Limits increased to \$15,000.

Reporting period increased to three years from the date of accident.

**4. Non-owned Watercraft**

Increased to 50 feet.

**5. Supplementary Payments**

Cost of bail bonds increased to \$10,000.

Daily loss of earnings increased to \$500.

**6. Newly Formed Or Acquired Organizations**

Coverage extended to the end of the policy period or the next anniversary of this policy's effective date.

**7. Liberalization Clause**

**8. Unintentional Failure To Disclose Hazards**

**9. Notice of Occurrence**

**10. Broad Knowledge of Occurrence**

**11. Bodily Injury - Extension of Coverage**

**12. Expected Or Intended Injury**

Reasonable force - bodily injury or property damage.

**13. Blanket Waiver of Subrogation**

Waiver of subrogation where required by written contract or written agreement.

**14. In Rem Actions**

**15. Voluntary Property Damage**

Limits added: \$5,000 occurrence, \$10,000 aggregate.

**1. MISCELLANEOUS ADDITIONAL INSURED**

**Section II Who Is An Insured** is amended to include as an additional Insured any person or organization described in Paragraphs **2.a.** through **2.h.** below whom you are required to add as an additional insured on this policy under a written contract or written agreement. However, the written contract or written agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Executed prior to the "bodily injury", "property damage" or "personal injury and advertising injury", but

Only the following persons or organizations are additional insureds under this endorsement and coverage provided to such additional insureds is limited as provided herein:

- a. **State or Governmental Agency or Subdivision or Political Subdivisions**

Any state or governmental agency or subdivision or political subdivision that has issued a permit in connection with operations performed by you or on your behalf and that you are required by any ordinance, law or building code to include as an additional insured on this coverage part is an additional insured, but only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" arising out of such operations.

The insurance provided to such state or political subdivision does not apply to any "bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for that state or political subdivision.

**b. Controlling Interest**

Any persons or organizations with a controlling interest in you but only with respect to their liability arising out of:

- (1) Their financial control of you, or
- (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

**c. Managers or Lessors of Premises**

A manager or lessor of premises but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or

- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

**d. Mortgagee, Assignee or Receiver**

A mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of a premises by you.

This insurance does not apply to structural alterations, new construction or demolition operations performed by or for such additional insured.

**e. Owners or Other Interests From Whom Land Has Been Leased**

An owner or other interest from whom land has been leased by you but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the land leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to lease that land; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

**f. Co-owner of Insured Premises**

A co-owner of a premises co-owned by you and covered under this insurance but only with respect to the co-owners liability as co-owner of such premises.

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**CANCELLATION OR NONRENEWAL NOTICE TO CERTIFICATE HOLDERS**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement applies to all Coverage Parts included in this policy. The following conditions are added:

1. In the event of cancellation or nonrenewal of the insurance afforded by this policy, we will provide written notice of such cancellation or nonrenewal to the person(s) or organization(s) shown in the Schedule. Such notice may be delivered or sent by any means of our choosing. The notice to the person(s) or organization(s) shown in the Schedule will state the effective date of cancellation or nonrenewal. Such notice of cancellation or nonrenewal is solely for the purpose of informing the person(s) or organization(s) shown in the Schedule of the effective date of cancellation or nonrenewal and does not grant, alter, or extend any rights or obligations under this policy.
2. If we cancel or elect not to renew this policy for any reason other than nonpayment of premium, we will provide written notice to the person(s) or organization(s) shown in the Schedule.
3. If we cancel or elect not to renew this policy for nonpayment of premium, or if the first Named Insured cancels or does not renew this policy, we will provide written notice to the person(s) or organization(s) shown in the Schedule.
4. Failure to provide notice in accordance with the terms of this endorsement does not:
  - a. Alter the effective date of policy cancellation, nonrenewal or expiration;
  - b. Render such cancellation or nonrenewal ineffective;
  - c. Grant, alter, or extend any rights or obligations under this policy; or
  - d. Extend the insurance beyond the effective date of cancellation or policy expiration, whichever comes first.

**SCHEDULE**

Name of Other Person(s)/Organization: As per written contract

Email Address or Mailing Address: Per certificates on file

Number days' notice for reasons other than non-payment: 30

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. **The information below is required only when this endorsement is issued subsequent to commencement of the policy.**

Endorsement Effective

Policy No.

Insured

Endorsement No. 28

Countersigned By \_\_\_\_\_

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**BUSINESS AUTO COVERAGE ENHANCEMENT ENDORSEMENT**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

Various provisions in this endorsement restrict coverage. Read the entire policy carefully to determine rights, duties, and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us", and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION V – DEFINITIONS** in the Business Auto Coverage Form.

The coverages provided by this endorsement apply per "accident" and, unless otherwise specified, are subject to all of the terms, conditions, exclusions and deductible provisions of the policy, to which it is attached.

**SECTION II – COVERED AUTO LIABILITY COVERAGE**, Paragraph A.1. Who Is An Insured is amended to include:

- d. Any "employee" of yours while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- e. Any person or organization for whom you have agreed in writing to provide insurance such as is afforded by this Coverage Form, but only with respect to liability arising out of the ownership, maintenance or use of "autos" covered by this policy. If such person or organization has other insurance then this insurance is primary to and we will not seek contribution from the other insurance.

**SECTION IV – Business Auto Conditions**, Paragraph A. 5. – **Transfer of Rights of Recovery Against Others To Us** is amended to include:

**5. Transfer of Rights of Recovery Against Others to Us**

This condition does not apply to any person(s) or organization(s) to the extent that

subrogation against that person or organization is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**SECTION II – COVERED AUTO LIABILITY COVERAGE**, Paragraph A.2.a. (2) – **Supplementary Payments** is replaced by the following:

- (2) Up to \$10,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

**SECTION II – COVERED AUTO LIABILITY COVERAGE**, Paragraph A.2.a. (4) – **Supplementary Payments** is replaced by the following:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

**SECTION II – COVERED AUTO LIABILITY COVERAGE**, Paragraph A.2.c. – **Voluntary Property Damage** is added as follows:

**c. Voluntary Property Damage**

At your written request, we may make a voluntary payment for Property Damage caused by an "insured", but without liability to a third party, up to \$25,000. We will not make a Voluntary Property Damage payment to anyone who is an "insured" under this policy.

**SECTION III – PHYSICAL DAMAGE COVERAGE**, Paragraph A.2. – **Towing** is replaced by the following:

**Towing**

We will pay up to \$500 for towing and labor costs incurred each time a covered "auto" that is a:

- a. Private passenger;

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**CANCELLATION OR NONRENEWAL NOTICE TO CERTIFICATE HOLDERS**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

1. In the event of cancellation or nonrenewal of the insurance afforded by this policy, we will provide written notice of such cancellation or nonrenewal to the person(s) or organization(s) shown in the Schedule. Such notice may be delivered or sent by any means of our choosing. The notice to the person(s) or organization(s) shown in the Schedule will state the effective date of cancellation or nonrenewal. Such notice of cancellation or nonrenewal is solely for the purpose of informing the person(s) or organization(s) shown in the Schedule of the effective date of cancellation or nonrenewal and does not grant, alter, or extend any rights or obligations under this policy.
2. If we cancel or elect not to renew this policy for any reason other than nonpayment of premium, we will provide written notice to the person(s) or organization(s) shown in the Schedule.
3. If we cancel or elect not to renew this policy for nonpayment of premium, or if the first Named Insured cancels or does not renew this policy, we will provide written notice to the person(s) or organization(s) shown in the Schedule.
4. Failure to provide notice in accordance with the terms of this endorsement does not:
  - a. Alter the effective date of policy cancellation, nonrenewal or expiration;
  - b. Render such cancellation or nonrenewal ineffective;
  - c. Grant, alter, or extend any rights or obligations under this policy; or
  - d. Extend the insurance beyond the effective date of cancellation or policy expiration, whichever comes first.

**SCHEDULE**

Name of Other Person(s)/Organization: As per written contract

Email Address or Mailing Address: Per certificates on file

Number days' notice for reasons other than non-payment: 30

Sierra Construction Company, Inc.