



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/30/2024

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 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 DOUGLAS INSURANCE 5508 RAINIER AVE S Seattle, WA 98118		CONTACT NAME: Angie Douglas PHONE (A/C, No, Ext): (206)324-7400		FAX (A/C, No): (206)324-7406
		E-MAIL ADDRESS: douglasinsurance@comcast.net		
INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED SILVANA WATER ASSOCIATION Kevin Buhr P.O. Box 91 Silvana, WA 98287		INSURER A: Philadelphia Insurance Co		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 00006426-70972** **REVISION NUMBER: 2**

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	Y		PHPK2653666	03/14/2024	03/14/2025	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
								PRODUCTS - COMPI/OP AGG	\$ 3,000,000
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
		<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS							\$
		<input type="checkbox"/> NON-OWNED AUTOS ONLY							
		UMBRELLA LIAB						EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR						AGGREGATE	\$
		EXCESS LIAB							\$
		<input type="checkbox"/> CLAIMS-MADE							
		DED							\$
		RETENTION \$							
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A		PROFESSIONAL LIAB.			PHPK2653666	03/14/2024	03/14/2025		1,000,000
A		DIRECTORS AND OFFICE			PHPK2653666	03/14/2024	03/14/2025		1,000,000

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

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED.


APPROVED

By Sheila Barker at 11:00 am, Jul 09, 2024

CERTIFICATE HOLDER

CANCELLATION

SNOHOMISH COUNTY PUBLIC WORKS 3000 Rockefeller 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  (AMD)

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK2653666

Philadelphia Indemnity Insurance Company | 124922 Grundy Insurance (Water District Progra

NAMED INSURED Silvana Water Association

MAILING ADDRESS PO Box 91
Silvana, WA 98287-0091

POLICY PERIOD: FROM 03/14/2024 TO 03/14/2025 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 06/17/2024 **CHANGE #** ~~XXXXXXXXXXXX~~XXXXXXXXXXXX

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Corrected AI to read as follows:

Snohomish County, its officers, officials, employees and agents
3000 Rockefeller Ave
Everett, WA 98201

Path ID 17716091

Total Annual
Additional/Return Premium \$ 0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$ 0.00
NO CHANGE

COUNTERSIGNED
(Date)

BY
(Authorized Representative)

07/09/2024

Issue Date

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK2653666

Additional Insured

Snohomish County, its officers,
officials, employees and agents
3000 Rockefeller Ave
Everett, WA 98201-4071

WA - Loc #ALL - ADDL INSURED-DESIGNATED PERSON OR ORG

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY COVERAGE FORM WATER DISTRICTS INSURANCE PROGRAM

SCHEDULE

Name of Person(s) or Organization(s):
Snohomish County, its officers, officials, employees and agents 3000 Rockefeller Ave Everett, WA 98201

SECTION II – WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the endorsement **SCHEDULE** above, but only with respect to liability arising out of your operations or premises owned by or rented to you.

All other terms and conditions of this policy remain unchanged.