Client#: 727474 **DRAPEWOL** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2021

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 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).

USI Insurance Services NW LL 601 Union Street, Suite 1000	CONTACT NAME: PHONE (A/C, No, Ext): 206 441-6300  E-MAIL ADDRESS:  FAX (A/C, No): 610-3	62-8530
Seattle, WA 98101	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : CNA Insurance Comp.	20443
INSURED	INSURER B : CNA Insurance Comp.	
Draper Woldseth PLLC	INSURER C:	
4208 198th St. SW Suite 201	INSURER D:	
Lynnwood, WA 98036	INSURER E:	
	INSURER F:	

**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	R TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERA	AL LIABILITY			6021667400	10/15/2021	10/15/2022	EACH OCCURRENCE	\$\$2,000,000
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$300,000
			<u>_</u>						MED EXP (Any one person)	\$\$10,000
									PERSONAL & ADV INJURY	\$\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$4,000,000	
	X	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$\$4,000,000
		OTHER:								\$
Α	AUTOMOBILE LIABILITY					6021667400	10/15/2021	10/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X	NON-OWNED AUTOS	Λ	DE	PROVED			PROPERTY DAMAGE (Per accident)	\$
				7	FF	NOVLD				\$
		UMBRELLA LIAB	OCCUR	By	Dian	e Baer - Risk Management at	11:41 am, Fe	eb 01, 2022	EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTIO	*							\$
Α		RKERS COMPENSATION  EMPLOYERS' LIABILITY	v			6021667400	10/15/2021	10/15/2022	PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$\$1,000,000
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE				\$\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$\$2,000,000
Α	Bu	siness Personal				6021667400	10/15/2021	10/15/2022	\$53,060	
	Pro	perty								
В	Pro	ofessional Liab				425333685	03/06/2021	03/06/2022	\$1M Per Clm \$1M Per	er Agg

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

Certificate Holder Snohomish County is named as an additional insured.

The policy(s) includes a blanket automatic Additional Insured endorsement that provides Additional Insured status to the Certificate holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the premises referenced above and only for policy # 6021667400.

CERTIFICATE HOLDER	CANCELLATION			
Snohomish County 3000 Rockefeller Ave Everett, WA 98201-4046	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			
	Gena. Ryan			

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