

Declarations Page

Commercial General Liability Declarations

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Declaration effective from:	March 24, 2026
Policy No.:	P100.367.201.5
Named Insured:	True Wind Collaborative
Address:	11435 Kinglet Lane Gig Harbor, WA 98332
Email Address:	cory@truewindcollab.com

Policy period:	From: July 1, 2025	To: July 1, 2026
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At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:	Limited Liability Company
Each Occurrence Limit:	\$1,000,000
Damage to Premises Rented to You Limit:	\$100,000 Any one premises
Medical Expense Limit:	\$5,000 Any one person
Personal & Advertising Injury Limit:	\$0 Any one person or organization
General Aggregate Limit:	\$2,000,000
Products/Completed Operations Aggregate Limit:	Products-completed operations are subject to the General Aggregate Limit
Supplemental Business Personal Property Floater Coverage Limit:	\$5,000
Supplemental Business Personal Property Floater Coverage Deductible:	\$500

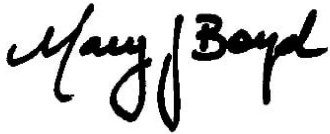
All Premises You Own, Rent or Occupy

Premises Number:	2
Address:	11435 Kinglet Lane Gig Harbor, WA 98332

Total Premium:	466.00
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Attachments:	See attached Forms and Endorsements Schedule.
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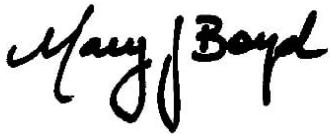
IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.



President



Secretary



Authorized Representative

Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

CGL D001 10 18 - Commercial General Liability Declarations
INT D001 01 10 - Forms and Endorsements Schedule
CGL E5410 CW (03/10) - Policy Changes
CG 20 26 07 04 - Additional Insured - Designated Person or Organization

Endorsements



Policy Number: P100.367.201.5
 Named Insured: True Wind Collaborative
 Endorsement Number: 30
 Endorsement Effective: 03/24/2026

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input checked="" type="checkbox"/> Coverage Forms and Endorsements
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Covered Property/Located Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/> NO CHANGES	<input type="checkbox"/> TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
		\$	\$

POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 03/24/2026, Endorsement # 31 entitled Additional Insured - Designated Person or Organization is added.

All other terms and conditions remain unchanged.



Policy Number: P100.367.201.5
Named Insured: True Wind Collaborative
Endorsement Number: 31
Endorsement Effective: 03/24/2026

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Snohomish County 3000 Rockefeller Ave Everett WA 98201
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.