Ą	ć	ORD <sup>®</sup> CERI	٦IF	IC	ATE OF LIA	BIL	ITY IN	ISURA			(MM/DD/YYYY) /11/2022	
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).												
PRO	DUCE					ME: Tony Brooks						
i i	Tony Brooks Insurance Agency Inc 12001 Pacific Ave S Ste 103						o, Ext): 253-53	7-1444	FAX (A/C, No):	253-53	39-2439	
_	Tacoma, WA 98444					E-MAIL ADDRE PRODU	ss: tony.brool	ks.lxn3@state	efarm.com			
							MER ID #:					
	INSURED								RDING COVERAGE Isualty Company		NAIC # 25143	
	Gordon, Thomas, Honeywell Govern								omobile Insurance Company	/	25178	
Affairs						NSURER C :						
PO Box 1677						INSURER D :						
	Tacoma, WA 98401					INSURER E :						
						INSURER F :						
					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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A					98-GY-1097-9		11/20/2021	11/20/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	×	COMMERCIAL GENERAL LIABILITY	Y	Y					PREMISES (Ea occurrence)	\$	250,000	
		CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	5,000	
		·							PERSONAL & ADV INJURY	\$	2,000,000	
	CEN								GENERAL AGGREGATE	\$ \$	2,000,000	
	GEr	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$	2,000,000	
в	AUT								COMBINED SINGLE LIMIT	\$		
		ANY AUTO	Y	Y					(Ea accident)			
		ALL OWNED AUTOS	Ľ						BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$		
		SCHEDULED AUTOS							PROPERTY DAMAGE			
		HIRED AUTOS							(Per accident)	\$		
		NON-OWNED AUTOS			070 0004 000 47		07/00/0000	07/00/0000		\$		
	X					07/08/2022	07/08/2023	Combined Single Limit	\$	1,000,000		
A	×	UMBRELLA LIAB X OCCUR			98-B7-M555-8		07/08/2022	07/08/2023	EACH OCCURRENCE	\$	1,000,000	
		DEDUCTIBLE							AGGREGATE	\$ \$	2,000,000	
		RETENTION \$								\$		
A					98-GY-1097-9 (stop	gap)	11/20/2021	11/20/2022	WC STATU- TORY LIMITS X OTH- ER		1,000,000	
	ANY		N/A		······································				E.L. EACH ACCIDENT	\$	1,000,000	
	(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If ye SPE	s, describe under CIAL PROVISIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
						<u>.</u>						
		rion of operations / Locations / VEHicl al Insured: Snohomish County 3000					e, if more space is	s required)				
1												
1												
CERTIFICATE HOLDER CANCELLATION												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TH												
	Snohomish County						EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
3000 Rockefeller Ave Everett, WA 98201												
						AUTHO	AUTHORIZED REPRESENTATIVE					
	APPROVED						Tony Brooks, Agent					
4		nohomish County Risk Mngt (S.Bark		4 0.26	am Dec 09 2022	· ony	© 1988- 2009 ACORD CORPORATION. All rights reserved.					

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

# CMP-4786 ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS (Scheduled)

This endorsement modifies insurance provided under the following: BUSINESSOWNERS COVERAGE FORM

## SCHEDULE

Policy Number: 98 GY1097 9 Named Insured: GORDON THOMAS HONEYWELL GOVERNMENTAL AFFAIRS LLC

Name And Address Of Additional Insured Person Or Organization:

SNOHOMISH COUNTY, ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS 3000 ROCKEFELLER AVE EVERETT, WA 98201

 SECTION II — WHO IS AN INSURED of SECTION II — LIABILITY is amended to include, as an additional insured, any person or organization 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:

### a. Ongoing Operations

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for that additional insured; or

### b. Products-Completed Operations

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

- Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
- 3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

1006104 137713.1 10-23-2013

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