

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/05/2021

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 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).

certificate does not come rights to the certificate notice in fied of sach endorsement(s).									
PRODUCER	CONTACT NAME:								
Aon Risk Services Nort Stamford CT Office	PHONE (A/C. No. Ext):	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-03							
1600 Summer Street Stamford CT 06907-4907 USA		E-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE N.						
INSURED	INSURER A:	INSURER A: Zurich American Ins Co							
CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue		INSURER B:	INSURER B: American Zurich Ins Co						
Suite 1250 Dallas TX 75201 USA		INSURER C:							
	APPROVED	INSURER D:							
		INSURER E:							
	By Snohomish County Risk Mngt (S.Barker) at	3:55 pm, Nov 05	, 2021						
COVERAGES	CERTIFICATE NUMBER: 57009020	9759	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 INCUPANCE	ADDL SU	UBRI BOLIOVALIMBED	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS SHOWN are as reques				
LTR A		INSD W	POLICY NUMBER GLO838419919	(MM/DD/YYYY) 03/01/2021						
_	X COMMERCIAL GENERAL LIABILITY		GE0638419919	03/01/2021	03/01/2022	EACH OCCURRENCE \$5,000,000				
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) \$50,000				
						MED EXP (Any one person) \$10,000				
						PERSONAL & ADV INJURY \$5,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$5,000,000				
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG \$5,000,000				
	OTHER:									
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)				
	ANY AUTO					BODILY INJURY (Per person)				
	OWNED SCHEDULED					BODILY INJURY (Per accident)				
	AUTOS HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)				
	Money Sings									
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE					AGGREGATE				
	DED RETENTION									
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC838419522	03/01/2021	03/01/2022	X PER STATUTE OTH-				
	A ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		All Other States WC914173615	02 /01 /2021	03/01/2022	E.L. EACH ACCIDENT \$1,000,000				
^			Wisconsin	03/01/2021	03/01/2022	E.L. DISEASE-EA EMPLOYEE \$1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT \$1,000,000				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

Paine Field/Snohomish County Airport, its officers, officials, employees and agents are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions and per the applicable written contract.

CERTIFICATE HOLDER	CANCELLATIO

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

Paine Field/Snohomish County Airport Attn: Nickolis A. Landgraff Airport Business Manager 10108 32nd Ave. W., Suite J Everett WA 98204 USA

Aon Rish Services Northeast, Inc.

COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured. POLICY NUMBER: GLO 8384199-19

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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):

Any person or organization that the insured has agreed by written contract or written agreement to name as an additional insured and executed prior to the occurrence of any loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- **B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits Of Insurance:**
 - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
 - 1. Required by the contract or agreement; or
 - **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A st	atement on
_	DDUCER	,	0011	inoute noider in ned or or				on Certificate Center	 :	
Willis Towers Watson Northeast, Inc.					CONTACT Willis Towers Watson Certificate Center NAME: FAX 1.999_467_2279					
c/o 26 Century Blvd				PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com						
	D. Box 305191 shville, TN 372305191 USA				ADDRE					
Nac	372303131 ODA							DING COVERAGE		NAIC# 16535
1110	UDED				INSURE	RA: Zurien	American	Insurance Company		10555
	URED RE Group, Inc. and its subsidiaries				INSURE	R B :				
	00 McKinney Avenue, Suite 1250				INSURE	R C :				
Dal	llas, TX 75201				INSURE					
					INSURE	RE:				
					INSURE	RF:				
_				NUMBER: W22807481				REVISION NUMBER:		
II C	'HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F CXCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC								\$	
								PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	5,000,000
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	3,000,000
А	OWNED SCHEDULED			BAP 8384200-19	03/01/20	03/01/2021	03/01/2022	BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED			BAF 0304200-19		03/01/2021	03/01/2022	PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DEC	CONTINUE OF OREDATIONS (1 OCATIONS (1/5))	EC /*	CORE	101 Additional Paragraphs California	lo mant	a attached if we	o onooo in reserving			
	SCRIPTION OF OPERATIONS/LOCATIONS/VEHICL e County, its officers, officia	•						•	e +0	Automobile
	ability as required by written	_	_			cruded as .	Addicional	insured as respect	.5 .00	Aucomobile
	tomobile Liability policy shall						other ins	urance in force for	or w	hich may
ре	purchased by Additional Insure	ed a	s re	equired by written co	ontrac	:c.				
CE	RTIFICATE HOLDER				CANO	ELLATION				
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
Paine Field/Snohomish County Airport					AUTHORIZED REPRESENTATIVE					
Attention: Nickolis A. Landgraff, Airport Business Manager 10108 32nd Ave W, Suite J				00.0						
Everett, WA 98204					fl Day					

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Insurance for this coverage part provided by:

ZURICH AMERICAN INSURANCE COMPANY

Renewal of Number
BAP 8384200-18

ADDITIONAL INSURED ENDORSEMENT - WHERE REQUIRED

IT IS AGREED THAT "INSURED" INCLUDES ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED, BY WRITTEN CONTRACT, OR WRITTEN AGREEMENT, TO PROVIDE INSURANCE AS PROVIDED BY THIS POLICY, BUT ONLY TO THE LIMIT AND SCOPE OF INSURANCE AGREED BY THE NAMED INSURED. IN NO EVENT SHALL THE COVERAGES OR LIMITS OF INSURANCE IN THIS COVERAGE FORM BE INCREASED BY SUCH CONTRACT. WHEN REQUIRED BY SUCH A WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH THE NAMED INSURED, THIS INSURANCE WILL ACT AS PRIMARY AND NON-CONTRIBUTORY INSURANCE ON BEHALF OF SUCH INSURED.

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	ficate does not confer rights to the cert	iricaté	noiae	i iii iieu ot such endorseme	, ` '						
PRODUCI Aon R	ER isk Services Northeast, Inc.				CONTACT NAME:						
Stamford CT Office					PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 8003630105						
	Summer Street ord CT 06907-4907 USA				E-MAIL ADDRES	S:					
					INSURER(S) AFFORDING COVERAGE NAIC #						
SURED					INSURER	A: Ameri	ican Inter	national Group UK Ltd	1	AA1120187	
	Group, Inc. and Subsidiaries McKinney Avenue				INSURER B:						
Suite	1250				INSURER C:						
Jarra	s TX 75201 USA				INSURER D:						
					INSURER	E:					
					INSURER	F:					
COVER	RAGES CER	TIFICA	TE N	UMBER: 57009020864	2		RE	VISION NUMBER:			
INDIC CERT	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY REC FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH PO	QUIREN PERT	ΛΕΝΤ, AIN,	TERM OR CONDITION (THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT OF	OR OTHER S DESCRIBEI	DOCUMENT WITH RESPEC HEREIN IS SUBJECT TO	O ALL	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
-115	COMMERCIAL GENERAL LIABILITY	INOU	****			(MINIDD/1111)	(MINI/DD/1111)	EACH OCCURRENCE			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED			
								PREMISES (Ea occurrence) MED EXP (Any one person)			
-	-	-						PERSONAL & ADV INJURY			
	ENII ACCRECATE LIMIT ADDI IEC DED	-						GENERAL AGGREGATE			
	POLICY PRO-							PRODUCTS - COMP/OP AGG			
	OTHER:							PRODUCTS - CONIFTOR AGG			
A	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
L								(Ea accident)			
	ANY AUTO							BODILY INJURY (Per person)			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)			
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
	ONLY AUTOS ONLY										
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION	+									
١	WORKERS COMPENSATION AND							PER STATUTE OTH			
	EMPLOYERS' LIABILITY Y/N	_									
	ANY PROPRIETOR / PARTNER / EXECUTIVE DEFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
l i	Mandatory in NH) f yes, describe under							E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT			
	DESCRIPTION OF OPERATIONS below E&O-PL-Primary	+		PSDEF2100558		11/01/2021	11/01/2022	Per Claim/Aggregate		\$1,000,000	
				Errors & Omissions				SIR		\$20,000,000	
				SIR applies per pol	icy ter	ms & condi	tions				
	rtion of Operations / LOCATIONS / VEHICLES (AC nce of Insurance.	ORD 101	, Additio	onal Remarks Schedule, may be attach	ned if more s	pace is required)					
CERTII	FICATE HOLDER			CAN	NCELLAT	ION					
				E		DATE THEREO		RIBED POLICIES BE CANCELL LL BE DELIVERED IN ACCOR			
	Paine Field/Snohomish Coun- Attn: Nickolis A. Landgra Airport Business Manager	ff	rpor	АИТН		PRESENTATIVE		10			
	10108 32nd Ave. W., Suite : Everett WA 98204 USA		Aon Prish Services Northeast Inc.								

ACORD®