AC	OF	
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/01/2023

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).

	CONTACT NAME:							
Aon Risk Services Central, Inc. St. Louis MO Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-010	05						
4220 Duncan Avenue Suite 401	E-MAIL ADDRESS:							
St Louis MO 63110 USA	INSURER(S) AFFORDING COVERAGE	NAIC #						
INSURED	INSURERA: Liberty Insurance Corporation	42404						
Keefe Commissary Network, LLC 10880 Linpage Place	INSURER B: Liberty Mutual Fire Ins Co	23035						
St Louis MO 63132 USA	INSURER C:							
	INSURER D:							
	INSURER E:							
	INSURER F							

570102884870 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 Limi

NOD	1		01100			BOLICY EYD		shown are as requested	
NSR LTR	TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	,		
в	X COMMERCIAL GENERAL LIABILITY			EB2651291759063		12/01/2024	ENGILOGOGIARENGE	\$1,000,000	
	CLAIMS-MADE X OCCUR			SIR applies per policy ter	ms & condi	cions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
							MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$10,000,000	
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
				AS2-651-291759-073	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY			A32-031-231733-073			(Ea accident)	\$1,000,000	
f	X ANY AUTO						BODILY INJURY (Per person)		
ŀ	OWNED SCHEDULED						BODILY INJURY (Per accident)		
-	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		
+	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
-							AGGREGATE		
╞	DED RETENTION								
	DED RETENTION WORKERS COMPENSATION AND			WA765D291759043	12/01/2022	12/01/2024	V PER STATUTE OTH-		
	EMPLOYERS' LIABILITY Y/N			WC (AOS)	12/01/2023	12/01/2024	ER		
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER	N/A		SIR applies per policy ter	ms & condi	tions	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	\$1,000,000	
SCR	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACO	RD 101,	Additio	l onal Remarks Schedule, may be attached if more :	space is required)		ł ł		
νo	County, its officers, officials isions of the General Liability cy is \$200,000.	; em ⁄ pol	ploy icy.	rees and agents are include SIR for General Liabilit	d as Additi y Policy is	ional Insur s \$100,000	ed in accordance wit and the SIR for Work	h the policy ers' Compensation 0, 2024	
					PROV				
ERI	TIFICATE HOLDER			By S	heila Ba	rker at	9:49 am, Aug 30	0, 2024	
							POLICIES BE CANCELLED BEFOR ACCORDANCE WITH THE POLICY PRO	RE THE EXPIRATION VISIONS.	
	Snohomish County Jail Robert J. Drewel Building, 6	5th ⊑	-]00'	AUTHORIZED RE	PRESENTATIVE				
	3000 Rockefeller Ave., M/S 5 Evertt WA 98201 USA	507			fon R	isk Ser	vices Central,	Inc.	

	APPROVED
CERTIFICATE HOLDER	By Sheila Barker at 9:49 am, Aug 30, 2024
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Snohomish County Jail Robert J. Drewel Building, 6th Floor 3000 Rockefeller Ave., M/S 507	AUTHORIZED REPRESENTATIVE
Evertt WA 98201 USA	Aon Risk Services Central, Inc.

Holder Identifier :

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					AG	ENCY	CUSTOMER ID		69604	
AC	CORD	ADDIT	101			(S	SCHED			Page _ of _
AGENCY Aon Risk Services Central, Inc.						NAMED INSURED Keefe Commissary Network, LLC				
POLICY NUMBER See Certificate Numbe 570102884870										
	CARRIER NAIC CODE See Certificate Numbe 570102884870					EFFEC	TIVE DATE:			
	ITIONAL REMARKS ADDITIONAL REMARKS FOR	RM IS A SCHE	DULE	TO ACORD FO	DRM.					
	NUMBER: ACORD 25	FORM TIT			Liability Insura	nce				
	INSURER(S)	AFFORDIN		OVERAGE			NAIC #			
INSU										
INSU										
INSU										
	κεκ									
AD	DITIONAL POLICIES			does not inclu or policy limits		nation	, refer to the cor	responding policy	on the ACORD	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD		CY NUMBER		POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIP	иітя
	WORKERS COMPENSATION						(MM/DD/TTTT)			
A		N/A		WC76512917 WC (WI)	59113		12/01/2023	12/01/2024		
				SIR applie	s per polic	y te	rms & condit [.]	ons		
				<u> </u>						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations					
Any person or organization for whom you have agreed in a written contract or agreement, prior to an "occurrence", that such person or organization be added as an additional insured to your policy.	All locations as required by a written contract or agreement entered into prior to an "occurrence"					
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

- 1. 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

cation(s) Of Covered Operations
is as required by a written contract or entered into prior to an "occurrence" or
v

- 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:
 - **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 the additional insured(s) at the location(s) designated above.

However:

- 1. 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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.