

JCANDEY2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2023

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 this certificate does not confer rights to the certificate holder in lieu of su						uch endorsement(s).					
PRODUCER Alliant Insurance Services, Inc. 401 Union St 31st FI Seattle, WA 98101						CONTACT NAME: PHONE (A/C, No, Ext): (425) 740-5200 E-MAIL ADDRESS: FAX (A/C, No):					
						INSURER A: Underwriters at Lloyd's London (Illinois)				15792	
						Purpose. Dignity. Action.					INSURER B: Columbia Casualty Company
INSURE	RC:										
110 Prefontaine Place South Suite 502 Seattle, WA 98104					INSURE	RD:					
					INSURE	INSURER E:					
					INSURER F:						
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	REMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT :	ECT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	X COMMERCIAL GENERAL LIABILITY					<u> </u>	······	EACH OCCURRENCE	\$	1,000,000	
	X CLAIMS-MADE OCCUR			W340FD220101		12/10/2022	12/10/2023	DAMAGE TO DENTED		50,000	
		X						MED EXP (Any one person)	\$	5,000	
		А	DI	DOVED			`	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	A	PF	PROVED				GENERAL AGGREGATE	\$	3,000,000	
	X POLICY PRO-	Ву	Diar	ne Baer - Risk Managem	ent at	8:30 am, De	ec 07, 2023	PRODUCTS - COMP/OP AGG	\$	3,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS								\$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCUPPENCE	T .		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	DED RETENTION\$							AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
В	DÉSCRIPTION OF OPERATIONS below LAWYERS PROFESSIONAL			LAS596639493		12/10/2022	12/10/2023	E.L. DISEASE - POLICY LIMIT Ea Claim Limit	\$	2,000,000	
_										_,,	
DES Sno	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC honmish County, its officers, officials, e	LES (a	ACORI	D 101, Additional Remarks Schedus and agents are included a	ile, may b as an ad	e attached if mor dditional insu	e space is requii reds as resp	 red) ects to General Liability	per fo	rms attached.	
Snohomish County Attn: Prosecuting Attorney's Office 3000 Rockefeller Ave M/S 504						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

Effective date of this Endorsement: 10-Dec-2022
This Endorsement is attached to and forms a part of Policy Number: W340FD220101
Syndicate 2623/623 at Lloyd's. Referred to in this endorsement as either the "Insurer" or the "Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that solely in relation to coverage provided under Clause I. INSURING AGREEMENTS, A. 2. General Liability, Clause II. PERSONS INSURED is amended to include any entity for which the Insured has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the Named Insured and that is also named in a Claim if all of the following conditions are met:

- 1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
- 2. This insurance applies to such liability assumed by the **Insured**;
- 3. The obligation to defend the Additional Insured has also been assumed by the **Insured** in the same contract or agreement;
- 4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured;
- 5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
- 6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
- 7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the **Claim**; and
 - b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

E02293 072019 ed. All other terms and conditions of this Policy remain unchanged.

Authorized Representative