



Policy Number:

Date Entered: 07/05/2023

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2023

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).

PRODUCER CASTAGNO INSURANCE 199 California Drive Ste. #203 License # 0772689 Millbrae, CA 94030	CONTACT NAME:		
	PHONE (A/C, No, Ext): (650) 652-0230	FAX (A/C, No): (650) 652-0234	
	E-MAIL ADDRESS: josephcastagnoinsurance@hotmail.com		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED EMAGINED SECURITY, INC. MR DAVID SOCKOL 2816 SAN SIMEON WAY SAN CARLOS, CA 94070	INSURER A: FEDERAL INSURANCE COMPANY	20281	
	INSURER B: FEDERAL INSURANCE COMPANY	20281	
	INSURER C: FEDERAL INSURANCE COMPANY	20281	
	INSURER D: HANOVER INSURANCE COMPANY	22292	
	INSURER E: BEAZLEY INSURANCE COMPANY	37540	
	INSURER F: ENDURANCE AMERICAN SPECIALTY	41718	

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3579-07-80 EUC	7/31/2023	7/31/2024	EACH OCCURRENCE § 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) § INCLUDED MED EXP (Any one person) § 10,000 PERSONAL & ADV INJURY § 1,000,000 GENERAL AGGREGATE § 2,000,000 PRODUCTS - COMP/OP AGG § 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			7497-17-99 (22)	7-31-2023	7-31-2024	COMBINED SINGLE LIMIT (Ea accident) § 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			(22) 7987-11-20	7/31/2023	7/31/2024	EACH OCCURRENCE § 5,000,000 AGGREGATE § 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	W2Q-D876685-04	5/15/2023	5/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT § 1,000,000 E.L. DISEASE - EA EMPLOYEE § 1,000,000 E.L. DISEASE - POLICY LIMIT § 1,000,000
E	MEDIA TECH PROFESSIONAL/CYBER			V15SP9231601 2023	4/23/2023	4/23/2024	CLAIMS MADE § 2,000,000
F	EXCESS OVER E&O/CYBER			PRX30036278900	4/23/2023	4/23/2024	FOLLOWING FORM § 3,000,000

APPROVED
By Diane Baer - Risk Management at 8:09 am, Jul 06, 2023

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIRTY (30) DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.
COVERAGE IS PRIMARY AND NON-CONTRIBUTORY WITH WAIVER OF SUBROGATION.
PER ATTACHED ENDORSEMENT FORM: 80-02-2367 (REV 05-07) WC 04 03 06 (04-84)
SNOHOMISH COUNTY, ITS OFFICIALS, EMPLOYEES AND AGENTS ARE NAMED AS AN ADDITIONAL INSURED WHEN REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT TO PROVIDE INSURANCE.
PER ATTACHED CARRIER ISSUED ENDORSEMENTS

CERTIFICATE HOLDER SNOHOMISH COUNTY 3000 ROCKEFELLER AVE., M/S 709 EVERETT, WASHINGTON. 98201	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. AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION I: WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY CHANGES

- A. Part One - WORKERS' COMPENSATION INSURANCE, D. We Will Also Pay; and Part Two - EMPLOYERS' LIABILITY INSURANCE, E. We Will Also Pay is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, including loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

- B. Part Three - OTHER STATES INSURANCE, A. How This Insurance Applies, paragraph 4. is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within sixty days.

- C. Part Six - CONDITIONS, C. Transfer of Your Rights and Duties is replaced by the following:

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent. If you die and we receive notice within sixty days after your death, we will cover your legal representative as insured.

- D. The following is added to Part Six - CONDITIONS, F. Liberalization:

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this

policy when the change becomes effective in your state.

SECTION II: EMPLOYERS' LIABILITY COVERAGE

- A. EMPLOYERS' LIABILITY STOP GAP COVERAGE

1. This coverage applies only in North Dakota, Ohio, Washington, and Wyoming.
2. Part One - WORKERS' COMPENSATION INSURANCE does not apply to work in states shown in Paragraph 1. above.
3. Part Two - EMPLOYERS' LIABILITY INSURANCE applies in the states shown in Paragraph 1. as though they were shown in Item 3.A. of the Information Page.
4. The following additional Exclusions are added to Part Two - EMPLOYERS' LIABILITY, Section C. Exclusions:

This insurance does not cover:

- a. Bodily injury intentionally caused or aggravated by you or, in Ohio, bodily injury resulting from an act which is determined to have been committed by you with the belief that the injury is substantially certain to occur;
- b. Bodily injury sustained by any member of the flying crew of any aircraft; or
- c. Any claim for bodily injury with respect to which you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III - ADDITIONAL CONDITION

Unintentional Failure to Disclose Hazards

If you unintentionally fail to disclose all existing hazards at the inception date of your policy, we will not deny coverage under this policy because of such failure.

SECTION IV - COVERAGE TERRITORY

Schedule of Covered States: California

Liability Insurance

Endorsement

Policy Period JULY 31, 2022 TO JULY 31, 2023

Effective Date JULY 31, 2022

Policy Number 3579-07-80 EUC

Insured EMAGINED SECURITY INC

Name of Company FEDERAL INSURANCE COMPANY

Date Issued JUNE 23, 2022

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

**Additional Insured -
Scheduled Person
Or Organization**

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

Liability Endorsement
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

**Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization**


If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative



Conditions

(continued)

**Transfer Or Waiver Of
Rights Of Recovery
Against Others**

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the **insured** has waived their rights of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the **insured's** rights to recover all or part of any payment made under this insurance have not been waived, those rights are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring **suit** or transfer those rights to us and help us enforce them.

This condition does not apply to **medical expenses**.