

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/08/2024

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endo	rsement	. A st	atement on	
PRODUCER						CONTACT Ryan Lambert						
AMBA						PHONE 800-621-2351 FAX					2 0601	
In CA dba Assn Member Benefits & Insurance Agency P.O. Box 850179						(A/C. No. Ext): (A/C. No.): 515-993-9681 EMAIL AMBA.Service@amba.info ADDRESS:						
Minneapolis, MN 55485-0179						INSURER(S) AFFORDING COVERAGE					NAIC#	
• •						INSURER A: AttPro RRG Reciprocal Risk Retention Grp					13795	
INSURED					INSURER B:							
Law Offices of Carlos Gonzales Suite101					INSURER C:							
512 Six Street South					INSURER D:							
Kirkland, WA 98033					INSURER E:							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH I	QUIRE PERT. POLIC	MENT AIN, IES. L	T, TERM OR CONDITION (THE INSURANCE AFFORDI	OF ANY ED BY	CONTRACT THE POLICIES EDUCED BY P	OR OTHER DESCRIBED AID CLAIMS.	OCUMENT WITH	RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE	ED (rropes)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV I	NJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$		\$		
POLICY PRO- JECT LOC								PRODUCTS - COMP	P/OP AGG	\$		
	OTHER: JECT									\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE (Ea accident)		\$		
ANY AUTO								BODILY INJURY (Per person) \$				
OWNED AUTOS SCHEDULED AUTOS								BODILY INJURY (Per accident) \$		\$		
	HIRED AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$		\$		
								\$		\$		
-	UMBRELLA LIAB OCCUR EXCESSLIAB CLAIMS-MADE							EACH OCCURRENCE \$				
-								AGGREGATE \$		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDEN	NT.	\$		
								E.L. DISEASE - EA EMPLOYEE \$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
A OTHER: Professional Liability Insurance RETRO DATE: 09-MAR-2016				DI D400050		00/00/0004		DEDUCTIBLE: F	ER CLAI	M \$	31,000	
				RLP100859		03/09/2024	03/09/2025		ER CLAI		1,000,000	
DESC	DIDTION OF OPERATIONS (LOCATIONS (VEHICL	E0 /4/	CACODD 101 Additional Demorks Schodule was to attached if many as a second					_	GGREGA	ATF \$	1 000 000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								"				
		A	ADDOOUSD									
		A	APPROVED									
		Bv	By Diane Baer - Risk Management at 10:29 am, Dec 17, 2024									
								l				

CERTIFICATE HOLDER

CANCELLATION

Snohomish County Office of Public Defense 3000 Rockefeller Ävenue Everett, WA 98201-4046

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

Stephen Miller

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