

CMURPHY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2023

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 Ames & Gough 359 Willard Street	CONTACT NAME: PHONE (A/C, No, Ext): (617) 328-6555 FAX (A/C, No): (617) 3	328-6888		
Suite 320	E-MAIL ADDRESS: boston@amesgough.com			
Quincy, MA 02169	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Nautilus Insurance Company A+, XV	17370		
INSURED	INSURER B : Liberty Mutual Fire Insurance Co, XV	23035		
Haley & Aldrich, Inc.	INSURER C: The First Liberty Insurance Corporation	33588		
70 Blanchard Road Suite 204	INSURER D : Allied World Surplus Lines Insurance Company	24319		
Burlington, MA 01803	INSURER E :			
	INSURER F:			

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	ECPO1521598	1/1/2023	1/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	includes Contractors						MED EXP (Any one person)	\$	15,000
	X	Pollution Liability	A	P	PROVED			PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC	By	Dia	ne Baer - Risk Management a	t 8:28 am, J	ul 07, 2023	PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		AS2-Z11-254100-023	1/1/2023	1/1/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
	X	EXCESS LIAB CLAIMS-MADE	X	X	FFX1521599	1/1/2023	1/1/2024	AGGREGATE	\$	2,000,000
		DED X RETENTION\$							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC6-Z11-254100-033	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Pro	fessional Liab		Х	0313-6658	1/1/2023	1/1/2024	Per Claim		1,000,000
D					0313-6658	1/1/2023	1/1/2024	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If AI box is checked, GL Endorsement Form# B\$UM1200 (10-21) applies, unless another additional insured endorsement is attached to this certificate. AII
Coverages are in accordance with the policy terms and conditions. Excess Liability, if listed above, sits in excess of the CGLI, Auto, Employers Liability,
Drone Liability and Foreign Liability where required by written contract.

H&A Project Number: P203565-000 Project Name: 23-25 On-Call, Engineering ESA

Snohomish County, its officers, officials, agents and employees shall be included as additional insured with respects to General, Auto and Excess Liability where required by written contract. General, Auto and Excess Liability are Primary and Non-contributory as required per written contract. A Waiver of Subrogation and 30 Day Notice of Cancellation is provided in accordance with the policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
Snohomish County 3000 Rockefeller Ave M/S 607 Everett. WA 98201-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Everent, WA 30201-0000	AUTHORIZED REPRESENTATIVE
1	gared maxwell

POLICY CHANGES

POLICY CHANGE NUMBER:

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
ECPO1521598	1/1/2023	Nautilus Insurance Company
NAMED INSURED		AUTHORIZED REPRESENTATIVE
Haley & Aldrich Inc		
70 Blanchard Rd		Chry Hora
Burlington, MA 01803		/ /
COVERAGE PARTS AFFECT	ED:	

Environmental Combined Policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured - Blanket - Owners, Lessees or Contractors

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

ADDITIONAL INSURED – BLANKET – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY

Who is An Insured (Section III) is amended to include as an insured:

- 1. Any person (s) or organization (s) for whom you are performing operations when you and such person
 - (s) or organization (s) have agreed in writing in a contract or written agreement that such person (s) or organization (s) be added as an additional insured on your policy, and
- 2. Any other person or organization you are required to add as an additional insured under a contract or agreement described in Paragraph 1. above.

Such Person(s) or organization(s) is an additional insured 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 the acts or omissions of those acting on your behalf, in the performance of your ongoing operations for the additional insured; or
- 2. Your work performed for such person(s) or organizations(s) and included in the **products-completed operations hazard**, only when required by the written contract or written agreement.

With respect to damages caused by **your work**, as described above, the coverage provided hereunder shall be primary and not contributing with any other insurance available to those designated above, but only when required by written contract or agreement.

With respect to the insurance afforded to these additional insureds, the following is added to Section IV -

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Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement described in Paragraph 1.; 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.

All other terms and conditions remain unchanged.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION (TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US) DESIGNATED PERSON(S) OR ORGANIZATION(S) - COVERAGE A, B & D

Policy Number	Policy Effective Date	Policy Expiration Date	Endorsement Effective Date
ECPO1521598	1/1/2023	1/1/2024	1/1/2023

This endorsement modifies insurance provided under the following:

ENVIRONMENTAL COMBINED POLICY

SCHEDULE

Name of Person(s) or Organization(s):	As required by written contract executed prior to any claim or
	"suit"

I. The following is added to Paragraph 17. Subrogation of SECTION VII – CONDITIONS:

We waive any right of recovery against any person(s) or organization(s) shown in the SCHEDULE above because of payments we make under COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY, and COVERAGE D – CONTRACTORS POLLUTION LIABILITY under this policy.

Such waiver by us applies only if:

- 1. The **insured** has agreed in writing in a contract or agreement with such person(s) or organization(s) to waive its right of recovery; and
- 2. The insured has waived its right of recovery against such person(s) or organization(s) prior to loss.

This endorsement applies only to the person(s) or organization(s) shown in the **SCHEDULE** above.

This waiver does not apply in any jurisdiction where such waiver is held to be illegal or against public policy or in any situation where the person(s) or organization(s) against whom subrogation is to be waived is found to be solely negligent.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.