

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2021

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).

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PRODUCER	CONTACT NAME: Shannon O'Dell				
First Choice Insurance Services	PHONE (A/C, No, Ext): 509-638-2558 FAX (A/C, No): 509-559	FAX (A/C, No): 509-559-7197			
1324 N. Liberty Lake Rd., #167	E-MAIL ADDRESS: shannon@fcins.biz				
Liberty Lake, WA 99019	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Ohio Security Ins Co (Liberty Mutual)				
INSURED Atmosphilia Company	INSURER B: American Guarantee & Liability Ins Co (Zurich)  INSURER C:				
Atreya Law Office					
18200 15th Ave. NE, Unit 101	INSURER D:				
Seattle, WA 98155	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.

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	CLAIMS-MADE X OCCUR	_ Y		BZS 62495694	1/1/2022	1/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 2,000,000 agg
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			BZS 62495694	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
ļΑ	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		( A	DE	DOVED			,	\$
	UMBRELLA LIAB OCCUR	A	PP	PROVED			EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE	By S	Snohomish County Risk Mngt (S.Barke	r) at 9:51 am,	Jul 18, 2022	AGGREGATE	\$	
A	DED RETENTION \$			, , , , , ,				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BZS 62495694	1/1/2022	1/1/2023	PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	117.6	^				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
В	Lawyers Professional Liability	N		LPL 0986676	1/1/2022	1/1/2023	Per Claim Aggregate	\$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an Additional Insured with Insurer A per policy form BP 04 48 07 13 with Primary and Non Contributory - Other Insurance Condition form BP 14 88 07 13 (both forms attached)

CERTIFICATE HOLDER CAN	NCELLATION
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Snohomish County its officers, officials, employees, & agents 3000 Rockefeller Ave., M/S 610 Everett, WA 98201

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

Symon R O'Dell

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#### THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

#### BUSINESSOWNERS COVERAGE FORM

#### **SCHEDULE**

### Name Of Additional Insured Person(s) Or Organization(s):

Snohomish County, its officers, officials, employees, & agents 3000 Rockefeller Ave M/S 610 Everett, WA 98201

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

### Section II - Liability is amended as follows:

- A. The following is added to Paragraph C. Who Is An Insured:
  - in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.
    - a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
    - b. 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.

BP 04 48 07 13

- B. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses 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:
  - Required by the contract or agreement; 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.

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

#### BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph H. Other Insurance of Section III - Common Policy Conditions and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- 1. The additional insured is a Named Insured under such other insurance; and
- 2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.