



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2023

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 Seattle - Alliant Insurance Services, Inc. 401 Union Street, 31st Floor Seattle WA 98101	CONTACT NAME: Jamie Arnoldi	
	PHONE (A/C. No. Ext): 949-627-7000	FAX (A/C. No):
E-MAIL ADDRESS: Jamie.Arnoldi@alliant.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : WSRMP - Water & Sewer Risk Man		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED WATEAND-01
 MUKILTEO WATER AND WASTEWATER DISTRICT
 C/O WATER & SEWER RISK MANAGEMENT POOL (WSRMP)
 40 LAKE BELLEVUE DRIVE, SUITE 220
 BELLEVUE WA 98005

COVERAGES**CERTIFICATE NUMBER:** 1976232023**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"/> SIR: \$200,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		WSRMP22-23	11/1/2022	11/1/2023	EACH OCCURRENCE	\$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 3,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		WSRMP22-23	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: ORDINANCE NO. 23 - GRANTING A NON-EXCLUSIVE FRANCHISE AUTHORIZING LIMITED FOR USE OF THE PUBLIC ROAD RIGHTS-OF-WAY IN PORTIONS OF SNOHOMISH COUNTY, WASHINGTON TO MUKILTEO WATER AND WASTEWATER DISTRICT. THE SNOHOMISH COUNTY COUNCIL, ITS OFFICERS, OFFICIALS, EMPLOYEES, AND AGENTS ARE INCLUDED AS ADDITIONAL INSURED. COVERAGE IS PRIMARY AND NON-CONTRIBUTORY.

APPROVED

By Snohomish County Risk Mngt (S.Barker) at 8:58 am, Jun 07, 2023

CERTIFICATE HOLDER**CANCELLATION**

SNOHOMISH COUNTY COUNCIL
 DEPARTMENT OF PUBLIC WORKS
 3000 ROCKEFELLER AVENUE, M/S 607
 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

Brian A. White

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WATER & SEWER RISK MANAGEMENT POOL
ADDITIONAL COVERED PARTY ENDORSEMENT
FOR SNOHOMISH COUNTY– DEPARTMENT OF PUBLIC WORKS

This endorsement modifies insurance provided under the following for Mukilteo Water and Wastewater District (MWWD) for Department of Public Works.

VII. COVERED PARTIES of the Memorandum of Coverage (“MOC”) for the Water and Sewer Risk Management Pool (“WSRMP”) as respects to member Mukilteo Water and Wastewater District is amended to include as an additional covered party the following:

Snohomish County, its officers, officials, employees and agents are to be covered as additional covered parties but only with respect to liability for bodily injury, property damage or personal injury caused, in whole or in part, by MWWD’s acts or omissions or the acts or omissions of those acting on MWWD’s behalf.