



PURPDIG-01

JSCHILB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2025

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 License # 0C36861 Seattle-Alliant Insurance Services, Inc. 401 Union Street, 31st Floor Seattle, WA 98101	CONTACT NAME: Ashley Jensen PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Ashley.Jensen@alliant.com
INSURED Purpose. Dignity. Action. 110 Prefontaine Place South Suite 502-506 Seattle, WA 98104	INSURER(S) AFFORDING COVERAGE INSURER A : Underwriters at Lloyd's London (Illinois) 15792C INSURER B : Hartford Accident and Indemnity Company 22357 INSURER C : Columbia Casualty Company 31127 INSURER D : 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		W340FD240301	12/10/2024	12/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			W340FD240301	12/10/2024	12/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A		52WECAE1DYK	11/21/2024	11/21/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab			LAS596639493	12/10/2024	12/10/2025	Limit \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Snohomish County LEAD and RNP Programs

## CERTIFICATE HOLDER

## CANCELLATION

Snohomish County Prosecutor  
3000 Rockefeller Avenue, M/S 504  
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

Effective date of this Endorsement: 10-DEC-2024

This Endorsement is attached to and forms a part of Policy Number: W340FD240301

Syndicate 2623/623 at Lloyd's. referred to in this endorsement as either the "Insurer" or the "Underwriters"

**SCHEDULED ADDITIONAL INSURED ENDORSEMENT WITH NOTICE OF CANCELLATION –  
GENERAL LIABILITY COVERAGE ONLY (WITH PRIMARY COVERAGE)**

This endorsement modifies insurance provided under the following:

**Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance**

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Solely in relation to coverage provided under **I. INSURING AGREEMENTS**, A. 2. General Liability and Advertising Liability, Clause **II. PERSONS INSURED** is amended to include the Additional Insured Entities listed in Item 3. below (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:
  - A. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
  - B. This insurance applies to such liability assumed by the **Insured**;
  - C. The obligation to defend the Additional Insured, has also been assumed by the **Insured**;
  - D. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured;
  - E. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;
  - F. The Additional Insured agrees in writing to:
    - i. Cooperate with the Underwriters in the investigation, settlement or defense of the **Claim**;
    - ii. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
    - iii. Notify any other insurer whose coverage is available to the Additional Insured; and
    - iv. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
  - G. The Additional Insured provides Underwriters with written authorization to:
    - i. Obtain records and other information related to the **Claim**; and
    - ii. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.
2. The coverage provided in this endorsement shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions set forth above.
3. North Sound Behavioral Health Administrative Services

Snohomish County  
Attn: Prosecuting Attorney's Office  
3000 Rockefeller Ave M/S 504  
Everett, WA 98201-4041

4. In addition to the provisions of Clause **XIX. CANCELLATION**, in the event the Underwriters cancel this Policy for any reason other than non-payment of premium, the Underwriters will provide 30 days written notice to the Additional Insured after notifying the **Insured**. However, this advance notification of pending cancellation of coverage is intended as a courtesy only and the Underwriters' failure to provide such advance notification will not extend the Policy cancellation date nor negate cancellation of the Policy.

All other terms and conditions of this Policy remain unchanged.

  
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Authorized Representative