



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2025

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 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	CONTACT NAME Kayla
The Montgomery Agency	PHONE (A/C, No, Ext): 5099259633
305 S Main St	FAX (A/C, No): 5099253292
Ellensburg WA 98926	E-MAIL ADDRESS: kayla@montgomeryagency.net
INSURED	INSURER(S) AFFORDING COVERAGE
The International Lumberjack Show LLC	INSURER A: Knight Specialty Insurance Co
1107 S Industrial Way	INSURER B:
Ellensburg WA 98926	INSURER C:
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
			Y Y	KSFLD0003302-00	08/21/2025	09/02/2025
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$
	if yes, describe under DESCRIPTION OF OPERATIONS below		N/A			E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

**APPROVED**

By Diane Baer - Risk Management at 1:13 pm, Jun 18, 2025

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

Snohomish County and the Evergreen State Fairgrounds, its officers, elected officials, agents and employees are additional insureds, as requested to the activities of the named insured at the Evergreen State Fair; August 21, 2025 - September 2, 2025.

Insured to be performing a lumberjack show for entertainment at the Evergreen State Fair located at 14405 179th Ave SE Monroe, Wa 98272.

## CERTIFICATE HOLDER

## CANCELLATION

Snohomish County Evergreen State Fair Park 14405 179th Ave SE Monroe WA 98272	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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

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

**Snohomish County  
14405 179th Ave SE  
Monroe, WA 98272**

- A. SECTION II -WHO IS AN INSURED is amended to include as an additional insured the person or organization identified in the Schedule shown above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused by, in whole or in part, the "Requesting Named Insured's" acts or omissions or the acts or omissions of those acting on behalf of the "Requesting Named Insured":
1. In the performance of the "Requesting Named Insured's" ongoing operations; or
  2. In connection with premises owned by or rented to the "Requesting Named Insured".
- B. The Limits of Insurance applicable to the additional insured shall be the same as and shared with the Limits of Insurance applicable to the "Requesting Named Insured".
- C. For the purposes of the coverage provided by this endorsement, SECTION V - DEFINITIONS is amended to include the following:
- "Requesting Named Insured" means the individual Named Insured who, as shown in our books and records, requested that we add the individual person or organization identified in the Schedule above as an additional insured to the policy under this endorsement.

All other terms and conditions remain unchanged.