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Declarations Page

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HISCOX INSURANCE COMPANY INC. (A Stock Company)
104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Commercial General Liability Declarations

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Declaration effective from:	August 26, 2021
Policy No.:	P100.059.125.1
Named Insured:	LEGAL ATOMS CORPORATION
Address:	2504 WESTERN AVE STE 722 Seattle, WA 98121
Email Address:	MIR@LEGALATOMS.COM

Policy period: From: August 25, 2021 To: August 25, 2022

At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:	Corporation	
Each Occurrence Limit:	$1,000,000	
Damage to Premises Rented to You Limit:	$100,000	Any one premises
Medical Expense Limit:	$5,000	Any one person
Personal & Advertising Injury Limit:	$1,000,000	Any one person or organization
General Aggregate Limit:	$2,000,000	
Products/Completed Operations Aggregate Limit:	Products-completed operations are subject to the General Aggregate Limit	
Supplemental Business Personal Property Floater Coverage Limit:	$0	
Supplemental Business Personal Property Floater Coverage Deductible:	Not Applicable	

All Premises You Own, Rent or Occupy

Premises Number:	1
Address:	2504 WESTERN AVE STE 722 Seattle, WA 98121
Total Premium:	350.00
Attachments:	See attached Forms and Endorsements Schedule.

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IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative

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HISCOX INSURANCE COMPANY INC. (A Stock Company)
104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

CGL D001 10 18 - Commercial General Liability Declarations
INT D001 01 10 - Forms and Endorsements Schedule
CGL E5410 CW (03/10) - Policy Changes
CG 20 26 07 04 - Additional Insured - Designated Person or Organization

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Endorsements

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Hiscox Insurance Company Inc.

Policy Number: P100.059.125.1
Named Insured: LEGAL ATOMS CORPORATION
Endorsement Number: 17
Endorsement Effective: 08/26/2021

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

☐	Insured's Name	☐	Insured's Mailing Address
☐	Policy Number	☐	Company
☐	Effective/Expiration Date	☐	Insured's Legal Status/Business of Insured
☐	Payment Plan	☐	Premium Determination
☐	Additional Interested Parties	☒	Coverage Forms and Endorsements
☐	Limits/Exposures	☐	Deductibles
☐	Covered Property/Located Description	☐	Classification/Class Codes
☐	Rates	☐	Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

☒	**NO CHANGES**	☐	**TO BE ADJUSTED AT AUDIT**	**ADDITIONAL PREMIUM** $	**RETURN PREMIUM** $

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POLICY CHANGES ENDORSEMENT DESCRIPTION

It is understood and agreed that effective 08/26/2021, Endorsement # 18 entitled Additional Insured - Designated Person or Organization is added.

All other terms and conditions remain unchanged.

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HISCOX

Hiscox Insurance Company Inc.

Policy Number: P100.059.125.1
Named Insured: LEGAL ATOMS CORPORATION
Endorsement Number: 18
Endorsement Effective: 08/26/2021

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 ITS OFFICERS, ELECTED OFFICIALS, AGENTS AND EMPLOYEES
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

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