**BSOUZA** 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2020

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 License # 1780862	CONTACT NAME:				
HUB International New England 300 Ballardvale Street	PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978)				
Wilmington, MA 01887	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Federal Insurance Company	20281			
INSURED	INSURER B: Great Northern Insurance Company	20303			
Kronos Incorporated, a UKG Company	INSURER C : ACE American Insurance Company	22667			
900 Chelmsford Street	INSURER D : Axis Insurance Company	37273			
Lowell, MA 01851	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	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s			
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR		1			36064033	10/1/2020	10/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:							\$			
В	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X	ANY AUTO			73617085	10/1/2020	10/1/2021	BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
					<u> </u>					\$		
Α	X	UMBRELLA LIAB X OCCUR		78192757					EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE	4		10/1/2020	10/1/2021	AGGREGATE	\$	5,000,000			
		DED X RETENTION \$ 10,000								\$		
С	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	71834474	71834474	10/1/2020	10/1/2021	E.L. EACH ACCIDENT	\$	1,000,000		
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
D		ch E & O Cyber			P00100021961902	10/1/2020	10/1/2021			1,000,000		
A	Coi	mmercial Property			36064033	10/1/2020	10/1/2021	All Risk				
L												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Snohomish County, its officers, officials, employees and agents are included as additional insured if required by written contract with named insured prior to loss/claim.

# *APPROVED*

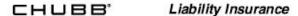
By Snohomish County Risk Mngt (S.Barker) at 2:20 pm, Sep 02, 2021

#### **CERTIFICATE HOLDER** CANCELLATION

**Snohomish County** Attn: Lori White 3000 Rockefeller Ave. M/S 607 Everett, NJ 08201

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



## Endorsement

Policy Period OCTOBER 1, 2020 TO OCTOBER 1, 2021

Effective Date OCTOBER 1, 2020

Policy Number 3606-40-33

Insured UNITE PARENT CORP.

Name of Company FEDERAL INSURANCE COMPANY

Date Issued OCTOBER 15, 2020

This Endorsement applies to the following forms:

GENERAL LIABILITY
REPUTATION INJURY & COMMUNICATIONS LIABILITY

Under Who Is An Insured, the following provision is added.

## Who is An insured

Additional Insured -Scheduled Person Or Organization Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an insured only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an insured;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance
  applies,

No person or organization is an insured under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a
  contract or agreement. This limitation does not apply to the liability for damages, loss, cost or
  expense for in jury or damage, to which this insurance applies, that the person or organization
  would have in the absence of such contract or agreement.

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# Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

## Conditions

Other Insurance – Primary, Noncontributory Insurance – Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

#### Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative