

CERTIFICATE OF LIABILITY INSURANCE

KSTEPHENS1

DATE (MM/DD/YYYY) 12/17/2024

HEYMAND-01

										14	1112024	
E	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFO	ORDED I	вү тн	E POLICIES	
l li	MPORTANT: If the certificate holde f SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may	NAL INSURED p	orovision prsemen	sorb t.As	e endorsed. tatement on	
			UCIT		CONTA NAME:		•					
PRODUCER Seattle, WA-DeFranco Insurance-Hub International Northwest LLC 3911 Castlevale Rd Suite 201 Yakima, WA 98902 INSURED Heyman and Schueler PLLC 4262 42nd Ave South Seattle, WA 98118												
											/25-3416	
						E-MAIL ADDRESS:					1	
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Hanover American Insurance						
						INSURER B :						
						INSURER C :						
						INSURER D :						
					INSURE	RF:						
	OVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:			
	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED B	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WIT BED HEREIN IS SU	H RESPE	ст то	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S		
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENC	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$		
										\$		
								MED EXP (Any one p				
								PERSONAL & ADV I		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMF	P/OP AGG	\$		
	OTHER:								1.15.417	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
								(\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	`E	\$		
	EXCESS LIAB CLAIMS-MADE											
		-						AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	T	\$		
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$		
	yes, describe under ESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIN				\$				
Α	Malpractice	X		LH2J912406		<mark>1/6/2025</mark>	<mark>1/6/2026</mark>	Limit per Claim			<mark>1,000,000</mark>	
A	Malpractice	x		LH2J912406		1/6/2025	1/6/2026	Deductible			5,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)				
Cor	ntract for Legal Defense Services											
		ГЛ	D									
APPROVED												
		nent at	ent at 2:21 pm, Dec 17, 2024									
CE	RTIFICATE HOLDER	CANCELLATION										
Snohomish County Office of Public Defense					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	3000 Rockefeller Ave M/S 20 Everett, WA 98201	9			AUTHORIZED REPRESENTATIVE							
	Everen, WA 30201				1							
					tui	Thehack						

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