



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Snohomish County Executive Office 3000 Rockefeller Avenue Everett, Washington 98201	MDB Insight Inc. and/or Miller Dickinson Blais Inc. 993 Princess Street, Suite 201 Kingston, Ontario K7L 1H3

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Operations: Economic and Workforce Development Consultants PROJECT: Workforce Development Action Plan For the purpose of the Insurance Companies Act (Canada), this Canadian policy was issued in the course of Lloyd's Underwriters' Insurance Business in Canada under reference B1525PACBA191066 Lloyds AM Best Rating A

4. COVERAGES
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 requirements, terms or conditions 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**

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles				Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence		
				Products and Completed Operations Aggregate		
				<input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		
				Tenants Legal Liability		
				Pollution Liability Extension		
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				Bodily Injury and Property Damage Combined		
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Errors & Omissions <input checked="" type="checkbox"/> Any one Claim <input checked="" type="checkbox"/> Aggregate Limit <input type="checkbox"/>	Lloyds Underwriters as Rep. by SUM E02527-008	2020 / 10 / 8	2021 / 10 / 8	Claims Made		
					5,000	5,000,000
					5,000	5,000,000

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Ferrari & Associates Insurance 7675 Highway 27 Unit 20 Vaughan, ON L4L 4M5 BROKER CLIENT ID: MDB001	

8. CERTIFICATE AUTHORIZATION			
Issuer	Ferrari & Associates Insurance	Contact Number(s)	
Authorized Representative	Amanda Courtney	Type	No
Signature of Authorized Representative		Type Phone	No (905) 856-9199
		Type Fax	No (905) 856-9133
		Date	EEmail Address
		2021 3 30	acourtney@ferrariinsurance.ca