



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
9/28/2023

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).

PRODUCER <b>SHINSTROM &amp; NORMAN INC</b> <b>PO Box 638</b> <b>Kirkland, WA 98083</b>	CONTACT NAME: <b>STEVE SHINSTROM</b> PHONE (A/C, No, Ext): <b>(425) 827-6200</b> FAX (A/C, No): <b>(425) 827-5040</b> E-MAIL ADDRESS: <b>steve@shinstromnorman.com</b>
INSURED <b>ENERGY SAVERS, INC.</b>	INSURER(S) AFFORDING COVERAGE INSURER A: <b>NAUTILUS INSURANCE CO.</b> INSURER B: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	PN1397099	09/27/23	09/27/24	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$				
a	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	PN1397099 WA STOP GAP	09/27/23	09/27/24	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				

**APPROVED**

By Diane Baer - Risk Management at 3:13 pm, Mar 25, 2024

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

## RE: OPERATIONS

SNOHOMISH COUNTY, ITS OFFICERS, ELECTED OFFICIALS, AGENTS, AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED. FORM CG2010 AND FORM CG2037 APPLY.  
FORM **L915** APPLIES

## CERTIFICATE HOLDER

## CANCELLATION

**SNOHOMISH COUNTY**  
**3000 ROCKFELLER AVE** M/S 305  
**EVERETT, WA 98201**

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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
SNOHOMISH COUNTY	VARIOUS LOCATIONS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. 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:
1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- However:
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
  2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/ COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
SNOHOMISH COUNTY	VARIOUS LOCATIONS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. 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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS -  
AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN CONTRACT  
OR AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II - Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

- B.** Status as an additional insured for the person or organization to which this endorsement applies commences during the policy period and after such written contract or agreement has been signed and dated by you and the person or organization.

- C.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts, or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
2. Claims, "suits" or damages arising out of the acts, omissions or negligence of the additional insured(s).

- D.** With respect to the insurance afforded to these additional insureds, the following is **added to Section III - Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
  2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

All other terms and conditions remain unchanged.




## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2024

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**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).

<b>PRODUCER</b>  CHRIS EAKINS INSURANCE AGENCY, INC. STATE FARM INSURANCE 16619 REDMOND WAY REDMOND WA 98052	<b>CONTACT</b> NAME: MICK MCNULTY PHONE (A/C, No, Ext): 425-883-1616 FAX (A/C, No): 425-881-5976 E-MAIL ADDRESS: MICK@CHRISEAKINS.COM
<b>INSURED</b> ENERGY SAVERS INC. PO BOX 78610 SEATTLE WA 98178	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : State Farm Mutual Automobile Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
	NAIC # 25178

**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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			048 2867-E14-47W 111 9510-E14-47W 205 4042-E14-47E 145 3111-E14-47G	11/14/2023 11/14/2023 11/14/2023 11/14/2023	05/14/2024 05/14/2024 05/14/2024 05/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Snohomish County  
3000 Rockefeller Ave M/S 305  
Everett, WA 98201**CERTIFICATE HOLDER****CANCELLATION**

Snohomish County 3000 Rockefeller Ave M/S 305 Everett WA 98201	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
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Chris Eakins Agency		NAMED INSURED Energy Savers Inc.	
POLICY NUMBER 203 2397-E14-47E		PO BOX 78610 SEATTLE, WA 981780610	
CARRIER State Farm Mutual Automobile Insurance Company	NAIC CODE 25178	EFFECTIVE DATE: 03/25/2024	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
203 2397-E14-47E	11/14/2023	05/14/2024	BODILY INJURY (Per person) 1,000,000
522 0330-E14-47A	11/14/2023	05/14/2024	BODILY INJURY (Per accident) 1,000,000
111 6421-E14-47T	11/14/2023	05/14/2024	PROPERTY DAMAGE (Per accident) 500,000
436 5519-E14-47E	11/14/2023	05/14/2024	
508 9379-B01-47	02/01/2024	08/01/2024	Bodily Injury / Property Damage 1,000,000





**APPROVED**

By Diane Baer - Risk Management at 3:15 pm, Mar 25, 2024

## Declarations

### Environmental Policy

Policy No.:	EV20230003-02	Renewal of Policy No.:	EV20230003-01
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Issuing Company:	Capitol Specialty Insurance Corporation (A.M. Best Rating: A Excellent; Non-Admitted)
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THIS POLICY INCLUDES BOTH CLAIMS MADE AND OCCURRENCE COVERAGES, AS INDICATED IN EACH COVERAGE SECTION. IF THE COVERAGE PROVIDED UNDER A COVERAGE SECTION APPLIES ON AN OCCURRENCE BASIS, THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TAKE PLACE DURING THE POLICY PERIOD. IF THE COVERAGE PROVIDED UNDER A COVERAGE SECTION APPLIES ON A CLAIMS MADE AND REPORTED BASIS, COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO US IN ACCORDANCE WITH THE TERMS SET FORTH IN THE GENERAL TERMS AND CONDITIONS.

THE LIMITS OF INSURANCE MAY BE REDUCED AND EXHAUSTED BY THE PAYMENT OF COSTS INCURRED IN THE DEFENSE AND INVESTIGATION OF A CLAIM, OR CLAIM RELATED COSTS. PLEASE SEE THE TERMS APPLICABLE TO EACH COVERAGE SECTION.

PLEASE READ THIS POLICY CAREFULLY TO DETERMINE COVERAGE HEREUNDER, AND DISCUSS WITH YOUR INSURANCE AGENT OR BROKER.

Item 1. First Named Insured and Mailing Address:	Energy Savers Inc.  PO Box 78610 Seattle, WA 98178	GRONINGER & CO., INC. "This contract is registered and delivered as a surplus line coverage under the insurance code of the state of Washington, Title 48 RCW. It is
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Item 2. Other Named Insured(s):	None	not protected by any Washington state guaranty association law."
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Item 3. Policy Period:	Effective Date	Expiration Date
	01/01/2024	01/01/2025

12:01 a.m. standard time at the mailing address of the **First Named Insured** first listed in Item 1. above.

Producing Agent:	Superior Underwriters & GSU Insurance Services, divisions of Groninger & Co., Inc. 2002 156th Ave Ne, Ste 201 Bellevue, WA 98007
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#### Item 4. Coverages:

##### A. Commercial General Liability Coverage

Coverage Not Purchased

##### B. Contractors Pollution Liability Coverage

(1) Coverage Type:	Claims Made
(2) Retroactive Date:	01/01/2004
(3) Claim Related Costs:	Outside the Limits
(4) Limits of Insurance:	(a) \$ 1,000,000 Each Claim
	(b) \$ 2,000,000 Coverage Aggregate
(5) Deductible:	\$ 2,500 Each Claim

##### C. Environmental Consultants Professional Liability Coverage

Coverage Not Purchased

##### D. Environmental Impairment Liability Coverage

Coverage Not Purchased

##### E. Transportation Pollution Liability Coverage

(1) Coverage Type:	Claims Made
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## Declarations

<b>Policy No.:</b>	EV20230003-02		
<b>First Named Insured:</b>	Energy Savers Inc.		
<b>(2) Retroactive Date:</b>	01/01/2011		
<b>(3) Claim Related Costs:</b>	Outside the Limits		
<b>(4) Limits of Insurance:</b>	(a)	\$ 1,000,000	Each <b>Claim</b>
	(b)	\$ 2,000,000	Coverage Aggregate
<b>(5) Deductible:</b>	\$ 2,500		Each <b>Claim</b>

### F. Employee Benefits Liability Coverage

Coverage Not Purchased

### G. Products Pollution Liability Coverage

Coverage Not Purchased

<b>Item 5. Policy Aggregate Limit of Insurance:</b>	\$ 2,000,000	Policy Aggregate for all <b>Claims</b> and all Occurrences/Incidents (Applies to all purchased coverages, including Commercial General Liability.)
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### Item 6. Policy Premium:

Policy Premium:	\$	2,472.00		
Terrorism (TRIA):	\$	250.00		
Total Policy Premium:	\$	2,722.00	Policy Fee	\$350.00
			2% S/L State Tax	\$61.44
			.1% Stamping Fee	\$3.07
			<b>TOTAL</b>	<b>\$3,136.51</b>

<b>Item 7. Minimum Earned Premium Percentage:</b>	25 %
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<b>Item 8. Audit Period:</b>	Not subject to audit
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### Item 9. Forms and Endorsements:

WHAT TO DO IF YOU HAVE A CLAIM OR POTENTIAL CLAIM OR INCIDENT	N-200 (10/23)
U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS	N-159 (02/23)
Environmental Package Insurance Declarations	CS-DE-ENV-112 (11-17)
Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 12 20
General Terms and Conditions	ENV-GTC 000 (03-22)
Deductible Amendatory	ENV 002 (05-16)
Premium and Rate - Minimum Earned Premium	ENV 025 (05-16)
Mold Coverage - Separate Retroactive Date	ENV 420CM (12-17)
Mold Coverage Deductible	ENV 422 (12-17)
Wrap Up Exclusion	ENV 6236 (12-17)
Cap On Losses From Certified Acts of Terrorism	ENV 7012 (01-18)
Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)	ENV 7013 (01-18)
Disclosure Pursuant to Terrorism Risk Insurance Act (TRIA)	ENV 7014 (07-20)
Service of Suit	E-9000S (04/21)
Washington - Cancellation and Nonrenewal	E-SC-7012 (11-17)
Contractors Pollution Liability Coverage Section - Claims Made	CPL 000CM (02-18)
Additional Insured Owners, Lessees or Contractors - Scheduled Person or Organization	CPL 011 (05-16)
Additional Insured - Owners, Lessees or Contractors - Completed Operations	CPL 012 (05-16)
Environmental Remediation Exclusion	CPL 092 (05-16)
Non Owned Disposal Site Coverage Extension	CPL 270 (11-18)
Transportation Pollution Liability Coverage Section - Claims Made	TPL 000CM (05-19)
Covered Autos	TPL 163 (05-16)
Claim Related Costs Paid Outside the Limits of Insurance	TPL 174 (06-18)



## Declarations

Policy No.:	EV20230003-02
First Named Insured:	Energy Savers Inc.

THESE DECLARATIONS, THE COVERAGE FORMS AND COVERAGE SECTIONS, THE GENERAL TERMS AND CONDITIONS, AND ENDORSEMENTS, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE INSURED RELATING TO THIS INSURANCE.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary

President

Authorized Representative

Dated: 12/27/2023