

**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

**APPROVED**

*By Keith Mitchell at 11:24 am, Aug 28, 2025*

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
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 shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



**Coverage Is Provided In:**  
The Ohio Casualty Insurance Company

Policy Number:  
**BZO (26) 66 56 03 18**  
Policy Period:  
**From 08/01/2025 To 08/01/2026**  
Endorsement Period:  
**From 08/01/2025 To 08/01/2026**  
**12:01 am Standard Time**  
**at Insured Mailing Location**

## Policy Change Endorsement

### Named Insured & Mailing Address

DEHKHODA & QADRI, P.C.  
9840 WILLOWS RD NE STE 200  
REDMOND, WA 98052

### Agent Mailing Address & Phone No.

(425) 256-2126  
ALL INSURANCE SERVICES INC  
PO BOX 624  
PORT ORCHARD, WA 98366-0624

### CHANGES TO POLICY - TRANSACTION # 2

**This Policy Change Endorsement Results In A Change In The Charges As Follows:**

**Additional Premium** **\$33.00**

*Total Additional Charges* **\$33.00**

**Note: This is not a bill**

### Description of Change(s)

added Snohomish county as additional insured  
See The Revised Declarations and Declarations Schedule

### SUMMARY OF LOCATION(S) & PREMIUM(S)

0001 9840 Willows Rd NE Ste 200, Redmond, WA 98052-1010 **\$368.00**

### POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 07 13	Businessowners Coverage Form
438BFU	Lender's Loss Payable Endorsement - WA
BP 01 06 03 15	Washington Changes
BP 04 02 07 13	Additional Insured - Managers or Lessors of Premises
BP 04 20 01 10	Washington Hired Auto and Non-Owned Auto Liability
BP 04 39 07 02	Abuse Or Molestation Exclusion
*BP 04 48 07 13	Additional Insured - Designated Person Or Organization
BP 04 60 01 10	Washington Employment - Related Practices Exclusion

Issue Date 08/26/2025

  
Authorized Representative

**To report a claim, call your Agent or 1-844-325-2467**

**DS 70 27 01 08**



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DEHKHODA & QADRI, P.C.

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(425) 256-2126  
ALL INSURANCE SERVICES INC

## POLICY FORMS AND ENDORSEMENTS

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FORM NUMBER	TITLE
BP 04 73 03 21	Washington Changes - Domestic Abuse
BP 05 17 01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 18 01 15	Washington - Amendment of Terrorism Exclusions
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 65 01 15	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
BP 06 12 11 13	Washington Changes - Defense Costs
BP 06 69 01 06	Washington Fungi Or Bacteria Exclusion (Liability)
BP 06 74 07 13	Washington Stop Gap - Employer's Liability Coverage
BP 12 06 01 10	Washington Loss Payable Clauses
BP 14 15 07 13	Limited Exclusion - Personal And Advertising Injury - Lawyers
BP 15 04 12 23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information
BP 18 03 12 23	Cyber Incident Liability Exclusion
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 79 96 09 16	Businessowners Liability Extension Endorsement
BP 80 51 01 07	Lawyers Professional Liability Exclusion
BP 81 15 03 11	Exclusion - Asbestos
BP 82 56 01 07	Additional Insured-Lessor of Leased Equipment
BP 88 04 03 14	Exclusion - Professional Services (Real Estate Agents, Insurance Agents, Travel Agents, Financial Services, Computer Software, Insurance Operations)
BP 88 69 09 16	Business Income - Period Of Restoration
BP 88 77 07 13	Identity Theft Administrative Services and Expense Coverage
BP 88 78 07 13	Business Personal Property Limit - Automatic Increase
BP 88 85 09 16	Washington - Businessowners Property Plus Extension Endorsement
BP 89 04 08 15	Washington - Equipment Breakdown Coverage Endorsement

Issue Date 08/26/2025

  
Authorized Representative

**To report a claim, call your Agent or 1-844-325-2467**

**DS 70 27 01 08**



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ALL INSURANCE SERVICES INC

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FORM NUMBER	TITLE
BP 89 38 07 19	Non-Cumulation of Liability Limits (Same Occurrence)
BP 90 38 01 21	Cyber Incident Exclusion
BP 90 39 03 22	Actual Cash Value - Washington
BP 90 41 04 24	Cyber Suite Coverage Endorsement
BP 90 74 08 21	Washington Changes Amendatory Endorsement
BP 90 99 03 22	Exclusion - PFC/PFAS
BP 91 00 10 22	Exclusion - Biometric Information Privacy Claim
BP 91 15 09 23	Washington - Amendment Of Concealment, Misrepresentation Or Fraud Condition

Issue Date 08/26/2025

Authorized Representative

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**From 08/01/2025 To 08/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

## Commercial Protector Policy Declarations - Revised

### Named Insured & Mailing Address

DEHKHODA & QADRI, P.C.

### Agent Mailing Address & Phone No.

(425) 256-2126  
ALL INSURANCE SERVICES INC

### SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	2,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	4,000,000
	Other than Products-Completed Operations	4,000,000
	Broadened Coverage For Damage To Premises Rented To You	2,000,000
	Medical Expenses (Any One Person)	15,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$368.00
	Businessowners Other Coverage(s) Total	\$2,595.00
	Certified Acts of Terrorism Coverage	\$9.00

**Total Charges: \$2,972.00**

**Note: This is not a bill**

**To report a claim, call your Agent or 1-844-325-2467**

**DS 70 22 01 08**



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## Commercial Protector Declarations Schedule - Revised

### Named Insured & Mailing Address

DEHKHODA & QADRI, P.C.

### Agent Mailing Address & Phone No.

(425) 256-2126  
ALL INSURANCE SERVICES INC

## SUMMARY OF COVERAGES BY LOCATION

0001 9840 Willows Rd NE Ste 200, Redmond, WA 98052-1010

### Property Characteristics

#### Description:

**Construction:** Joisted Masonry

### Business Personal Property Coverage

**Occupancy:** Law Offices

#### DESCRIPTION

Limit of Insurance 51,852

#### Covered Causes of Loss

Special Form

Business Income - Period of Restoration 24 Months

Deductible \$500

Automatic Increase Business Personal Property 2%

**Premium \$357.00**

### Additional Insured

#### DESCRIPTION

**Lessor of Leased Equipment Other than Office  
Equipment**

See Endorsement

**Premium Included**

### Additional Insured

#### DESCRIPTION

**Managers or Lessors of Premises**

See Endorsement

**Premium \$11.00**

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**DS 70 23 01 08**



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(425) 256-2126  
ALL INSURANCE SERVICES INC

### SUMMARY OF OTHER COVERAGES

Employee Dishonesty Including Forgery and Alteration	DESCRIPTION	
	Limit of Insurance	200,000
	Number of Employees	8
	Deductible	\$500
	<b>Premium</b>	<b>\$395.00</b>

ERISA Compliance	DESCRIPTION	
	Limit of Insurance	See Endorsement
	<b>Premium</b>	<b>Included</b>

Hired and Non-Owned Auto Liability	DESCRIPTION	
	Coverage Characteristics	See Endorsement
	<b>Premium</b>	<b>\$342.00</b>

Additional Insured	DESCRIPTION	
	Designated Person or Organization	
	See Endorsement	
	<b>Premium</b>	<b>\$33.00</b>

Property Plus Extension Endorsement	DESCRIPTION	
	See Endorsement	
	<b>Premium</b>	<b>\$362.00</b>

Washington - Stop Gap - Employers Liability Coverage	DESCRIPTION	
	Limit of Insurance	See Endorsement
	<b>Premium</b>	<b>\$67.00</b>

Cyber Suite	DESCRIPTION	
	Annual Aggregate Limit	500,000
	Deductible Per Occurrence	\$10,000
	<b>DATA COMPROMISE RESPONSE EXPENSES</b>	<b>Included</b>
	<b>DESCRIPTION</b>	
	Sublimit Per Occurrence	
	Public Relations	10,000
	Reputational Harm	25,000

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**DS 70 23 01 08**





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## Commercial Protector Declarations Schedule - Revised

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DEHKHODA & QADRI, P.C.

### Agent Mailing Address & Phone No.

(425) 256-2126  
ALL INSURANCE SERVICES INC

## SUMMARY OF OTHER COVERAGES

### COMPUTER ATTACK Included

#### DESCRIPTION

Sublimit Per Occurrence

Public Relations 10,000

### SUBLIMITED COVERAGES PER OCCURRENCE Included

#### DESCRIPTION

Cyber Extortion 25,000

Misdirected Payment Fraud 50,000

Computer Fraud 50,000

Telecommunications Fraud 50,000

### REWARD PAYMENTS Included

#### DESCRIPTION

Sublimit Per Policy Period 25,000

### PRIVACY INCIDENT LIABILITY Included

#### DESCRIPTION

Privacy Incident Defense

Privacy Incident Liability

### NETWORK SECURITY LIABILITY Included

#### DESCRIPTION

Network Security Defense

Network Security Liability

### ELECTRONIC MEDIA LIABILITY Included

#### DESCRIPTION

Electronic Media Defense

Electronic Media Liability

**Premium \$1,385.00**

### Identity Recovery Coverage for Defined Individuals

#### DESCRIPTION

See Endorsement

**Premium \$11.00**

**Businessowners Location(s) Total \$368.00**

**Businessowners Other Coverage(s) Total \$2,595.00**

**To report a claim, call your Agent or 1-844-325-2467**

**DS 70 23 01 08**



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## **Commercial Protector Declarations Schedule - Revised**

### **Named Insured & Mailing Address**

### **Agent Mailing Address & Phone No.**

DEHKHODA & QADRI, P.C.

(425) 256-2126  
ALL INSURANCE SERVICES INC

### **SUMMARY OF OTHER COVERAGES**

**Businessowners Schedule Total**

**\$2,963.00**

**To report a claim, call your Agent or 1-844-325-2467**

**DS 70 23 01 08**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Snohomish County Office of Hearings  
Administration  
3000 Rockefeller Ave

EVERETT, WA 98201

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

**Section II - Liability** is amended as follows:

**A. The following is added to Paragraph C. Who Is An Insured:**

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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 Paragraph D. Liability And Medical Expenses 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 shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2025

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).

<b>PRODUCER</b> All Insurance Services Inc. 1700 SE MILE HILL DR #244 PO BOX 624 PORT ORCHARD WA 98366		<b>CONTACT NAME:</b> Tracy Lake <b>PHONE (A/C, No. Ext):</b> 425-256-2126 <b>E-MAIL ADDRESS:</b> tracy@allinsservicesinc.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Dehkhota & Qadri, Inc. 9840 Willios Road NE ste 200 Redmond WA 98052		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Ohio Casualty Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 24074	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BZO66560318	08/01/2025	08/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		BZO66560318	08/01/2025	08/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					PER STATUTE 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)

Certificate holder listed as additional insured

**CERTIFICATE HOLDER****CANCELLATION**


Snohomish County Office of Hearings Administration  
3000 Rockefeller Ave. M/S 405  
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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From: All Insurance Services  
To: Ramina Dehkhoda-Steele  
Subject: [EXTERNAL] Tesla Y  
Date: Tuesday, August 19, 2025 8:26:27 PM  
Attachments: image002.png  
inkv-injection-inliner-6f42d488d348cfd86bfff9497ca9f6a.png  
inkv-injection-inliner-209b06d63f3139b7bda7129634c80da.png  
Steele ID CARD.pdf

 External (tracy@allinsservicesinc.com)




Hello Ramina,

It was nice talking with you today! I've attached the ID card and coverage is listed below.

RAMINA DEHKHODA-STEELEJASON STEELE

Auto

2020 TESLA MODEL Y



Coverage Type:	Vehicle Type:	Garage Location:	Year/Make/Model:
Auto	Private Passenger	SAMMAMISH , WASH	2020 TESLA MODEL Y

Overview

Coverage Type:	Comprehensive and Collision	Payment Basis:	Agreed Value \$24,050
Vehicle Liability:	\$500,000	Underinsured Motorist:	\$500,000

Other Coverages

Full Window Glass Coverage  
Personal Injury Protection  
Road Service Coverage

Deductible(s)

Comprehensive Deductible \$500  
Collision Deductible \$1,000

Discounts

Air Bag or Passive Restraint Credit  
Anti Lock Braking System Credit  
Portfolio Discount - Auto with Home  
Vehicle Ownership Discount

Vehicle Description

VIN: 5YJYGDEE8LF020786  
Annual Mileage Range: 12,000 – 12,999

Let me know if you need anything further. Thank you!

Best,



Tracy Lake, ACSR  
President  
1700 SE Mile Hill DR, ste 244, Port Orchard WA 98366  
Office: 360-900-9868 (CALL OR TEXT) OR 425-256-2126  
Fax: 425-307-6223

GO HAWKS!

Visit our website at: [www.allinsservicesinc.com](http://www.allinsservicesinc.com)

**Ask us about our referral program!**



## Vehicle ID Card

**Name and address of Insured**

RAMINA DEHKHODA-STEELE  
JASON STEELE  
21817 NE 20TH WAY  
SAMMAMISH, WA 98074

**Effective Date** 5/16/25**Policy no.** 15410950-03

**Issued by** Great Northern Insurance Company  
a stock insurance company  
incorporated in Indiana

**Policy period** 5/16/25 to 5/16/26**If you have any questions, please contact**

ALL INSURANCE SERVICES INC  
PO BOX 624  
PORT ORCHARD , WA 98366-0000  
425.256.2126

**ID CARD****ID CARD****ID CARD****ID CARD****ID CARD**

Dear Valued Customer,

We are pleased to have the opportunity of providing your vehicle insurance for another year. We have attached your updated vehicle insurance ID card at the bottom of this letter. Please keep this card in the insured vehicle at all times, as it is required by law in most states.

If you have any questions about your Chubb Vehicle Policy, or about any of our other coverages, please contact your agent or broker at the telephone number listed above.

Thank you for insuring through Chubb.

Chubb Personal Risk Services

(SEPARATE CARD AT PERFORATION BELOW)

**THIS CARD MUST BE CARRIED IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

AT ANY TIME  
IN CASE OF EMERGENCY  
CALL THIS NUMBER 1-800-252-4670

(FOLD ALONG DOTTED LINE)

*Reference Copy*

(SEPARATE CARD AT PERFORATION)

CHUBB

## WASHINGTON INSURANCE IDENTIFICATION CARD

COMPANY

Great Northern Insurance Company

POLICY NUMBER

15410950-03

EFFECTIVE DATE

5/16/25

EXPIRATION DATE

5/16/26

YEAR

2020

MAKE/MODEL

TESLA

VEHICLE IDENTIFICATION NUMBER

5YJYGDEE8LF020786

AGENCY/COMPANY ISSUING CARD

ALL INSURANCE SERVICES INC

CHUBB

INSURED

RAMINA DEHKHODA-STEELE

JASON STEELE

21817 NE 20TH WAY

SAMMAMISH, WA 98074

SEE IMPORTANT NOTICE OF REVERSE SIDE

(FOLD ALONG DOTTED LINE)

Reference Copy