

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/04/2021

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 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		CONTACT NAME:	
	Parker, Smith & Feek, Inc. 2233 112th Avenue NE Bellevue, WA 98004	PHONE (A/C, No, Ext): 425-709-3600 FAX (A/C, No): 425-709	9-7460
		E-MAIL ADDRESS:	
	2010140, 17110001	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Mesa Underwriters Specialty Ins. Co.	
INSURED	Capstone Partners NW, LLC	INSURER B: Capitol Specialty Insurance	
	600 University Street STE 1625 Seattle, WA 98101	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.

NSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	x		MP0046008000082	10/08/2021	10/08/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED
	CLAIMS-MADE X OCCUR	^					PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ Excluded
	X POLICY PRO- JECT LOC						\$
4	AUTOMOBILE LIABILITY			MP0046008000082	10/08/2021	10/08/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
3	UMBRELLA LIAB X OCCUR			CX2019026001	12/09/2019	12/09/2022	EACH OCCURRENCE \$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED RETENTION \$ 0						\$
4	WORKERS COMPENSATION			MP0046008000082	10/08/2021	10/08/2022	WC STATU- TORY LIMITS OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Stop Gap	10,00,2021	10/00/2022	E.L. EACH ACCIDENT \$ 1,000,000
				** WA Stop Gap			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Snohomish County, its officers, officials, employees and agents are included as an additional insured and coverage is primary and non-contributory on the general liability policy per the attached endorsements/forms.

CANCELS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE.

CERTIFICATE HOLDER	CANCELLATION
Snohomish County - Paine Field Airport Attn: Real Estate Specialist	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10108 32nd Ave W, Suite J Everett, WA 98204	AUTHORIZED REPRESENTATIVE (ayk) Martin

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ACORD 25 (2010/05)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insure	ed Person(s) Or Organization(s)
Snohomish County and its	s officers, elected officials, employees, agents and volunteers
•	
ormation required to comp	plete 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 your acts or omissions or the acts or omissions of those acting on your behalf:
 - **1.** In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

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- 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 shown in the Declarations;

whichever is less.

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

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INSURED

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