

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2023

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).

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PRODUCER	CONTACT Rvan Lambert		
Association Member Benefits Advisors, LLC.	PHONE 800-621-2351 (A/C, No. Ext):	FAX (A/C, No): 515-365-0	N494
In CA dba Assn. Member Benefits & Insurance Agency P.O. Box 850179	EMAIL plsteam2.service@mercer.com	18.0.101.010-000-0	V-1V-1
Minneapolis, MN 55485-0179	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: AttPro RRG Reciprocal Risk Retention	Grp 1	13795
INSURED	INSURER B:		
Law Offices of Carlos Gonzales Suite101	INSURER C:		
512 Six Street South	INSURER D:		
Kirkland, WA 98033	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA			

INSR									ADDI	SUBF		POLICYEFF	POLICYEXP		
LTR					EOFI					WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
		С	OMM	ERC	AL GI	ENEF	RALL	LIABILITY						EACH OCCURRENCE \$	
			С	LAIM	S-MAI	DE		OCCUR						DAMAGE TO RENTED  PREMISES (Fo. convironce) \$	
														MED EXP (Any one person) \$	
														PERSONAL & ADV INJURY \$	
	GEN						APPL	LIES PER:						GENERAL AGGREGATE \$	
			OLIC'			RO- CT		LOC						PRODUCTS - COMP/OP AGG \$	
		O	THEF	₹:		.01								\$	
	AUT	TOI	иові	LE LI	ABILI	TY								COMBINED SINGLE LIMIT (Ea accident)  \$	
		Α	NY A	UTO			_							BODILY INJURY (Per person) \$	
			WNED	AUT	os			CHEDULED JTOS						BODILY INJURY (Per accident) \$	
			IRED A	AUTOS	3			ON-OWNED JTOS ONLY						PROPERTY DAMAGE \$	
														\$	
		U	MBRE	ELLA	LIAB			OCCUR						EACH OCCURRENCE \$	
		Е	XCES	SLIA	AΒ			CLAIMS-MADE						AGGREGATE \$	
			ED		RET		ON\$	\$						\$	
					ENSAT S' LIA		ГΥ	Y/N						PER STATUTE ER OTH-	
					ARTNEI			VE T/N	N/A					E.L. EACH ACCIDENT \$	
	(Mar	nda	tory i	in NH	)				,					E.L. DISEASE - EA EMPLOYEE \$	
	DÉS	CR	IPTIC	ON OF	OPE	RATI	IONS	Sbelow						E.L. DISEASE - POLICY LIMIT \$	
								ity Insurance						DEDUCTIBLE: PER CLAIM \$1,000	
	KEIF	ΚU	DATE	±: U9-	MAR-	2016					RLP100859	03/09/2023	03/09/2024	LIMITS: PER CLAIM \$1,000,000 AGGREGATE \$1,000,000	

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

**APPROVED** 

By Diane Baer - Risk Management at 9:46 am, Apr 28, 2023

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Snohomish County Office of Public Defense 3000 Rockefeller Avenue Everett, WA 98201-4046 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

Bul J. Feller

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