

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2022

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 ABD Insurance and Financial Services, In-	C. CONT		Cert Request		
777 Mariners Island Blvd Suite 250	PHON (A/C, I	NE No, Ext):	650-488-8565	FAX (A/C, No	o):
San Mateo, CA 94404	É-MAI ADDR	IL RESS:	TechCertRequest@theabdteam.com		
		INSURER(S) AFFORDING COVERAGE			NAIC #
www.theabdteam.com	INSUF	INSURER A: Berkley National Insurance Company			
INSURED	INSUF	INSURER B: Berkley Regional Insurance Company			
GovernmentJobs.com, DBA NEOGOV	INSUF	INSURER C: Steadfast Insurance Company			26387
300 Continental Blvd. Suite 565	INSUF	INSURER D: Greenwich Insurance Company			22322
El Segundo CA 90245	INSUF	INSURER E: Westchester Fire Insurance Company 100			10030
	INSUF	RER F :			
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COVERAGES CERTIFICATE NUMBER: 68285888 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.

		ISIONS AND CONDITIONS OF SUCH I						
INSR LTR		TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	1	COMMERCIAL GENERAL LIABILITY	/	TCP 7011473	8/25/2021	8/25/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE ✓ OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:					GENERAL AGGREGATE	\$3,000,000
	1	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:						\$
В	AUT	OMOBILE LIABILITY		TCA 7011474	8/25/2021	8/25/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
Α	1	UMBRELLA LIAB ✓ OCCUR	/	TCP 7011473	8/25/2021	8/25/2022	EACH OCCURRENCE	\$2,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
		DED RETENTION \$10,000						\$
Α		RKERS COMPENSATION		TWC 7011475	8/25/2021	8/25/2022	✓ PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Man	idatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES0	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Erro	ors & Omissions		EOC 6219893 - 02	9/25/2021	9/25/2022	Limit: \$5,000,000	
D	Erro	ors & Omissions - Excess		MTE9033119 06	9/25/2021	9/25/2022	Limit: \$5,000,000	
E	Erro	ors & Omissions - Excess		G72543762 001	9/25/2021	9/25/2022	Limit: \$5,000,000	
L								

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

Re: All Operations of the Named Insured.

Snohomish County, its Officers, Elected Officials, Agents and Employees are included as an additional insured as respects to General Liability and Umbrella Liability, but only to the extent required by written contract or written agreement. Primary wording applies with respects to General Liability.

CERTIFICATE HOLDER	CANCELLATION				
Snohomish County 3000 Rockefeller Ave. 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 Rod Sockolov				

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POLICY NUMBER: TCP 7011473

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 Insured Person(s) Or Organization(s):	
Snohomish County, its Officers, Elected Officials, Agents and Employees are included as an additional insured as respects to General Liab	lity and
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 your acts or omissions or the acts or omissions of those acting on your behalf:
 - **1.** In the performance of your ongoing operations;
 - 2. In connection with your premises owned by or rented to you.

However:

- 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.