



**ENDORSEMENT # 23**

**This endorsement, effective 12:01 AM 10/01/2020**

**Forms a part of policy no.:** 080877955

**Issued to:** GTEL HOLDINGS INC

**By:** LEXINGTON INSURANCE COMPANY

**PRIMARY AND NON CONTRIBUTORY ENDORSEMENT**

This endorsement modifies insurance provided by the policy:

**SCHEDULE**

**Name of Person or Organization**

SNOHOMISH COUNTY WA  
PAT SCATTAREGLA  
3000 ROCKEFELLER AVENUE, M/S/ 709  
EVERETT, WA 98201-4046 USA

Notwithstanding any other provision of the policy to the contrary, the insurance afforded by this policy for the benefit of the Additional Insured shown in the Schedule above shall be primary insurance, but only with respect to any claim, loss or liability arising out of the Named Insured's operations; and any insurance maintained by the Additional Insured shall be non-contributing.

All other terms and conditions of the policy remain the same.



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**Authorized Representative**

**ENDORSEMENT # 24**

**This endorsement, effective 12:01 AM 10/01/2020**

**Forms a part of policy no.:** 080877955

**Issued to:** GTEL HOLDINGS INC

**By:** LEXINGTON INSURANCE COMPANY

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided by the Policy:

**SCHEDULE**

SNOHOMISH COUNTY WA  
PAT SCATTAREGLA  
3000 ROCKEFELLER AVENUE, M/S/ 709  
EVERETT, WA 98201-4046 USA

The entity(ies) shown in the above Schedule are added as Additional Insured(s) to this Policy, but only for **claims** arising out of the acts, errors or omissions committed by the Named Insured on or after the Retroactive Date corresponding to the additional insured shown in the above Schedule.

Any **claim** made by any additional insured against any other **insured** or additional insured is excluded from coverage.

All other terms and conditions of the Policy remain the same.

