



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

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).

|   |  |                                       |
|---|--|---------------------------------------|
| <b>PRODUCER</b><br>Assurance, a Marsh & McLennan Agency LLC company<br>20 N Martingale Road<br>Suite 100<br>Schaumburg IL 60173 | <b>CONTACT NAME:</b> Kayleigh Reyes<br><b>PHONE (A/C. No. Ext):</b> (847) 463-7350<br><b>E-MAIL ADDRESS:</b> Kayleigh.Reyes@MarshMMA.com | <b>FAX (A/C. No.):</b> (847) 440-9126 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                       |
| <b>INSURED</b><br>Judge Technical Services, Inc<br>151 South Warner Road, Suite 100<br>Suite 300<br>Wayne PA 19087              | <b>INSURER A :</b> Travelers Property Casualty Co  | 25674                                 |
|   | <b>INSURER B :</b> Philadelphia Indemnity Insuran  | 18058                                 |
|   | <b>INSURER C :</b> Indian Harbor Ins Co  |                                       |
|   | <b>INSURER D :</b>   |                                       |
|   | <b>INSURER E :</b>   |                                       |
| <b>INSURER F :</b>  |  |                                       |

**COVERAGES**

CERTIFICATE NUMBER: 252329908

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  |
|----------|--|-----------|----------|-----------------|-------------------------|-------------------------|---|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PHPK2489736     | 11/20/2022              | 11/20/2023              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$20,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| B        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                       |           |          | PHPK2489736     | 11/20/2022              | 11/20/2023              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | PHUB841131      | 11/20/2022              | 11/20/2023              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>Prods/Comp Ops \$5,000,000  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | UB9M5634832313E | 1/1/2023                | 1/1/2024                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                       |
| B        | Crime- 3rd Party Coverage  |           |          | PHPK2489736     | 11/20/2022              | 11/20/2023              | \$5,000,000 Limit<br>\$2,000,000 Occ.<br>\$5mm Claim / Agg  |
| B        | E&O/Professional Liability   |           |          | PHPK2489736     | 11/20/2022              | 11/20/2023              |   |
| C        | Cyber/Tech E&O Liability   |           |          | MTP903620305    | 1/1/2023                | 1/1/2024                |   |

**APPROVED**

By Snohomish County Risk Mngt (S.Barker) at 9:17 am, Apr 03, 2023

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

Excess Cyber/Technology E&O, EOL240168, Crum & Forster Specialty Insurance Company, 1/01/2023-1/01/2024, Limit \$5,000,000  
 Total Cyber/Technology E&O = \$10,000,000

Excess Crime, 6260391693, United States Fire Insurance Co., 11/20/2022-11/20/2023, \$5,000,000 Limit  
 Total Crime = \$10,000,000

Excess Umbrella, XC5EX00256221, Everest National Insurance Co., 11/20/2022-11/20/2023, \$5,000,000 Each Occ., \$5,000,000 Agg.  
 Total Umbrella = \$10,000,000  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Snohomish County  
 3000 Rockefeller MS 709  
 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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## ADDITIONAL REMARKS SCHEDULE

|  |           |   |  |
|--|-----------|---|--|
| AGENCY<br>Assurance, a Marsh & McLennan Agency LLC company |           | NAMED INSURED<br>Judge Technical Services, Inc<br>151 South Warner Road, Suite 100<br>Suite 300<br>Wayne PA 19087 |  |
| POLICY NUMBER  |           | EFFECTIVE DATE:   |  |
| CARRIER  | NAIC CODE |   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Employment Practices Liability, PHPK2489736, Philadelphia Indemnity Ins. Co., 11/20/2022-11/20/2023, Each Claim: \$3,000,000 Agg: \$3,000,000 - \$50,000 Ded.

Cyber includes Network Security

The County, its officers, officials, employees and agents are named as Additional Insureds on primary and non-contributory basis regarding the General Liability and Auto Liability policies as required by written contract.

**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

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

Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional Insured for "bodily injury", "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the Named Insured.

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; or
2. In connection with your premises owned by or rented to you.

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 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.

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

## **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured: The Judge Group, Inc.**

**Endorsement Effective Date: 11/20/2022**

### **SCHEDULE**

**Name of Person(s) or Organization(s):**

Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional Insured but only for liability arising out of the negligence of the named insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 03 13 (00) - 001**

POLICY NUMBER: **UB-9M563483-23-I3-E**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**SCHEDULE**

**DESIGNATED PERSON:**

**DESIGNATED ORGANIZATION:**

**ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED  
BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS  
WAIVER.**

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.