



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

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).

PRODUCER Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	CONTACT NAME: Dariean Robinson	
	PHONE (A/C. No. Ext): (847) 463-7179	FAX (A/C. No.): (847) 440-9126
E-MAIL ADDRESS: Dariean.Robinson@MarshMMA.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Property Casualty Co		25674
INSURER B: PHILADELPHIA INDEMNITY INSURAN		18058
INSURER C: Liberty Surplus Ins Corp		10725
INSURER D: Tokio Marine Specialty Insuran		23850
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 2027807219 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2626699003	11/20/2025	11/20/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PPK2626774003	11/20/2025	11/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB890068003	11/20/2025	11/20/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB9M56348325I3E	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Crime- 3rd Party Coverage			PHPK2626699003	11/20/2025	11/20/2026	\$5,000,000 Limit
B	E&O/Professional Liability			PHPK2626699003	11/20/2025	11/20/2026	\$2,000,000 Occ.
C	Cyber/Tech E&O Liability			EPOCHACX91V002	1/1/2025	1/1/2026	\$5mm Claim / Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Owned Auto, 8101P067724, Travelers Property and Casualty Company of America, 11/20/2025-11/20/2026, \$1,000,000 Combined Single limit
 Excess Owned Auto, IXG681165A, General Star Indemnity Company, 11/20/2025-11/20/2026, Limit: \$5,000,000
 Excess Cyber/Technology E&O, FRSHXCR0001136902, HDI Global Specialty SE Insurance Company, 1/01/2025-1/01/2026, Limit \$5,000,000
 Total Cyber/Technology E&O = \$10,000,000

Cyber includes network security
 See Attached...

APPROVED**By Sheila Barker at 2:54 pm, Dec 24, 2025**

CERTIFICATE HOLDER Snohomish County 3000 Rockefeller MS 709 Everett WA 98201	CANCEL 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 Marsh & McLennan Agency LLC		NAMED INSURED Judge Technical Services, Inc dba Judge Technical Staffing 151 South Warner Road, Suite 100 Suite 300 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

Excess Crime, 62604017865, United States Fire Insurance Co., 11/20/2025-11/20/2026, \$5,000,000 Limit
 Total Crime = \$10,000,000

Excess Umbrella, XW4EX00052-251, Everest National Insurance Co., 11/20/2025-11/20/2026, \$5,000,000 Each Occ., \$5,000,000 Agg.
 Total Umbrella = \$10,000,000

General Liability Self-Insured Retention: \$10,000
 Professional Liability self-Insured Retention: \$10,000
 Professional Liability is on an Occurrence Basis.
 Medical Malpractice Professional Liability coverage included in the Professional Liability via the Allied Healthcare Endorsement.
 Workers Compensation Self-Insured Retention: \$0
 Auto Deductibles:
 Owned Auto Physical Damage:
 Comprehensive deductible: \$1,000
 Collision deductible: \$1,000
 Hired & Non Owned Auto Liability deductible: \$50,000
 Hired Auto Physical Damage:
 Comprehensive deductible: \$1,000
 Collision deductible: \$1,000

EPLI, PHPK2626699003, Philadelphia Indemnity Insurance Company, 11/20/2025-11/20/2026, \$3,000,000 Agg.
 The County, its officers, officials, employees and agents are named as Additional Insureds on primary and non-contributory basis regarding the General Liability policies and on a Primary basis with regards to the Automobile Liability Policyas 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.