



Snohomish County, its  
3000 Rockefeller Avenue  
M/S 407  
Everett, WA 98201

Policy Number: BOP1052718

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

## **BUSINESSOWNERS POLICY CHANGES**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW.

<b>POLICY NUMBER</b>	<b>POLICY CHANGES EFFECTIVE</b>	<b>COMPANY</b>	<b>AUTHORIZED REPRESENTATIVE</b>
BOP1052718	4/11/2024	RLI Insurance Company	

**NAMED INSURED**

The Upstream Group, LLC

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**CHANGES**

- Additional Insured Endorsement form, BP 04 48 , has been added.  
for Snohomish County, its
- Additional Insured Endorsement form, BP 04 02 , has been deleted.  
for Snohomish County Health Dept.
- BP 14 88 has been Added

**POLICY AMOUNT AND PREMIUM ADJUSTMENT**

Coverage Description	Limits of Insurance		Premiums		<input type="checkbox"/> Add'l Premium <input type="checkbox"/> Return Premium
	Previous Limit of Insurance	New Limit of Insurance	Previous Premium	New Premium	

OPTIONAL COVERAGES		<input type="checkbox"/> Add'l. Premium <input type="checkbox"/> Return Premium
	Limits of Insurance	
The following optional coverages are added under this policy when designated by an "X" in the box(es) shown below.		
<input type="checkbox"/> Outdoor Signs		
<input type="checkbox"/> Burglary and Robbery (Named Peril Endorsement only) or <input type="checkbox"/> Money and Securities	Inside the Premises  Outside the Premises	
<input type="checkbox"/> Employee Dishonesty	Each Occurrence	
<input type="checkbox"/> Equipment Breakdown		

TOTAL PREMIUM ADJUSTMENTS	
PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE	
ADDITIONAL	RETURN

**REMOVAL PERMIT** If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.

*Christina G. Dean*  
 Authorized Representative Signature

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## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph **H. Other Insurance** of **Section III – Common Policy Conditions** and supercedes any provision to the contrary:

2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and

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## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

**Section II – Liability** is amended as follows:

**A. The following is added to Paragraph C. Who Is An Insured:**

- 3.** Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a.** The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b.** 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 Paragraph D. Liability And Medical Expenses 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.

### **SCHEDULE**

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

Snohomish County, its  
3000 Rockefeller Avenue  
M/S 407  
Everett, WA 98201

officers, elected officials,  
agents and employees

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.