

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2021

	OLIVI	II IOATE OF E		11100117		12/2//2021		
	o & Associates		ONLY ANI HOLDER.	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
	Nevada St., #309		ALTER TH	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Spokan	e, WA 99218							
(509)32	24-0640			INSURERS AFFORDING COVERAGE				
INSURED			INSURER A: CO	INSURER A: Continental Casualty Company (CNA)				
Natalya	Forbes, Attorney at Law		INSURER B:	INSURER B:				
3221 Oa	aks Ave.		INSURER C:					
Everett,	WA 98201		INSURER D:					
(425)99	99-5891		INSURER E:					
COVERA	AGES							
ANY RE	LICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN M	IN OF ANY CONTRACT OR OTHE D BY THE POLICIES DESCRIBED	ER DOCUMENT WITH HEREIN IS SUBJECT D CLAIMS.	H RESPECT TO WH T TO ALL THE TERM	IICH THIS CERTIFICATE M.	AY BE ISSUED OR		
INSR ADD'L LTR INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	LIMITS		
	GENERAL LIABILITY					\$		
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	s		
	CLAIMS MADE OCCUR				MED EXP (Any one person)	S		
					PERSONAL & ADV INJURY	s		
					GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN _ EA ACC	5		
					ALITO ONLY	\$		
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
						\$		
	DEDUCTIBLE	APPROVED				\$		
	RETENTION \$					\$		
	KERS COMPENSATION EMPLOYERS' LIABILITY	By Diane Baer - Risk Mana	gement at 2:59 p	m, Jan 31, 2022	WC STATU- OTH- TORY LIMITS ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
(Man	CER/MEMBER EXCLUDED? datory in NH)				E.L. DISEASE - EA EMPLOYEE	\$		
If yes SPEC	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT			
	vyers Professional	#425489161	12/12/21	12/12/22	\$1,000,000 ~ Per C \$2,000,000 ~ Aggre \$5,000 ~ Deductible	gate		
Annual Control of the	oility Insurance on of operations / Locations / Vehic	LES / EXCLUSIONS ADDED BY ENDORS	EMENT / SPECIAL PROV	ISIONS	\$5,000 ~ Deductible			
CERTIF	ICATE HOLDER		CANCELLAT	TION				
Snohomish County Office of Public Defense Attn: Kristin Crane 3000 Rockefeller Ave., Room C-103 Everett, WA 98201			DATE THEREOF NOTICE TO THE IMPOSE NO OB	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
				AUTHORIZED REPRESENTATIVE Marty M. Moran 12/27/21				
ACORD	25 (2009/01)	+	1,1000		ORD CORPORATION.	Wrights reserved.		

Client#: 1926073 NATALFOR1

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER		CONTACT Karrie Fox				
USI Insurance Services NW		PHONE (A/C, No, Ext): 206-385-0039 FAX (A/C, No): 610-36				
601 Union Street, Suite 1000		E-MAIL ADDRESS: karrie.fox@usi.com				
Seattle, WA 98101		INSURER(S) AFFORDING COVERA	GE	NAIC#		
		INSURER A: Sentinel Insurance Company Ltd.				
INSURED		INSURER B:				
Natalya Forbes		INSURER C:				
3221 Oaks Avenue		INSURER D:				
Everett, WA 98201		INSURER E:				
		INSURER F:				
COVERAGES CERTIFICATE NUMBER:		REVISION NUM	MBER:			

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	NSR LTR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY			52SBANW8434	12/02/2021	12/02/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			52SBANW8434	12/02/2021	12/02/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER	CANCELLATION			
Snohomish County Office of Public Defense Attn: Ms. Kristin Crane	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
3000 Rockefeller Avenue	AUTHORIZED REPRESENTATIVE			

Room C- 103 | Everett, WA 98201