



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/24/2024

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 Carriage Insurance Agency, Inc. 301 Bendigo Blvd N North Bend WA 98045	CONTACT NAME: Jody Carr PHONE (A/C, No, Ext): (425) 888-5066 FAX (A/C, No): (425) 292-5384 E-MAIL ADDRESS: jody@carriageagency.com																					
INSURED Adopt A Stream Foundation 600 128th St SE Everett WA 98208-6353	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>West American Ins Co</td><td>44393</td></tr><tr><td>INSURER B:</td><td>Ohio Casualty Insurance Co</td><td>24074</td></tr><tr><td>INSURER C:</td><td>United States Liability Insurance Co</td><td>25895</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	West American Ins Co	44393	INSURER B:	Ohio Casualty Insurance Co	24074	INSURER C:	United States Liability Insurance Co	25895	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** CL2342001587**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														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	BKW56737975	06/02/2023	06/02/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 15,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Stopgap</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	Stopgap	\$ 1,000,000
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAO56737975	06/02/2023	06/02/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Medical payments</td><td>\$ 5,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Medical payments	\$ 5,000				
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	\$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	BKW56737975-WA Stop Gap	06/02/2023	06/02/2024	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td><input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>2,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
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E.L. DISEASE - EA EMPLOYEE	\$	2,000,000																			
E.L. DISEASE - POLICY LIMIT	\$	1,000,000																			
C	Non-Profit Directors & Officers Liability Coverage			NDO1574990	11/27/2022	11/27/2023	<table><tr><td>Each claim</td><td>\$1,000,000</td></tr><tr><td>In the Aggregate</td><td>\$1,000,000</td></tr></table>	Each claim	\$1,000,000	In the Aggregate	\$1,000,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County, its officers, officials, employees and agents are to be covered as additional insureds as respects liability arising out of activities performed by or on behalf of Adopt A Stream Foundation in connection with this Agreement. Such coverage is primary and non-contributory as respects the County, its officers, officials, employees and agents.
Project: Al Borlin Side Channel Feasibility Project, a State Ecology Grant Sub-Award.

APPROVED

By Sheila Barker at 1:45 pm, May 02, 2024

CERTIFICATE HOLDER**CANCELLATION**Snohomish County Surface Water Management
3000 Rockefeller Ave M/S 303

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY EXTENSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

A. NON-OWNED AIRCRAFT

Under Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability, exclusion g. Aircraft, Auto Or Watercraft does not apply to an aircraft provided:

1. It is not owned by any insured;
2. It is hired, chartered or loaned with a trained paid crew;
3. The pilot in command holds a currently effective certificate, issued by the duly constituted authority of the United States of America or Canada, designating her or him a commercial or airline pilot; and
4. It is not being used to carry persons or property for a charge.

However, the insurance afforded by this provision does not apply if there is available to the insured other valid and collectible insurance, whether primary, excess (other than insurance written to apply specifically in excess of this policy), contingent or on any other basis, that would also apply to the loss covered under this provision.

B. NON-OWNED WATERCRAFT

Under Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability, Subparagraph (2) of exclusion g. Aircraft, Auto Or Watercraft is replaced by the following:

This exclusion does not apply to:

- (2) A watercraft you do not own that is:
 - (a) Less than 52 feet long; and
 - (b) Not being used to carry persons or property for a charge.

C. PROPERTY DAMAGE LIABILITY - ELEVATORS

1. Under Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability, Subparagraphs (3), (4) and (6) of exclusion j. Damage To Property do not apply if such "property damage" results from the use of elevators. For the purpose of this provision, elevators do not include vehicle lifts. Vehicle lifts are lifts or hoists used in automobile service or repair operations.
2. The following is added to Section IV - Commercial General Liability Conditions, Condition 4. Other Insurance, Paragraph b. Excess Insurance:

The insurance afforded by this provision of this endorsement is excess over any property insurance, whether primary, excess, contingent or on any other basis.

D. EXTENDED DAMAGE TO PROPERTY RENTED TO YOU (Tenant's Property Damage)

If Damage To Premises Rented To You is not otherwise excluded from this Coverage Part:

1. Under Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury and Property Damage Liability:

- a. The fourth from the last paragraph of exclusion j. Damage To Property is replaced by the following:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire, lightning, explosion, smoke, or leakage from an automatic fire protection system) to:

- (i) Premises rented to you for a period of 7 or fewer consecutive days; or
- (ii) Contents that you rent or lease as part of a premises rental or lease agreement for a period of more than 7 days.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" to contents of premises rented to you for a period of 7 or fewer consecutive days.

A separate limit of insurance applies to this coverage as described in Section III - Limits of Insurance.

- b. The last paragraph of subsection **2. Exclusions** is replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke or leakage from automatic fire protection systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to Damage To Premises Rented To You as described in **Section III - Limits Of Insurance**.

2. Paragraph **6.** under **Section III - Limits Of Insurance** is replaced by the following:

6. Subject to Paragraph **5.** above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of "property damage" to:

- a. Any one premise:

(1) While rented to you; or

(2) While rented to you or temporarily occupied by you with permission of the owner for damage by fire, lightning, explosion, smoke or leakage from automatic protection systems; or

- b. Contents that you rent or lease as part of a premises rental or lease agreement.

3. As regards coverage provided by this provision **D. EXTENDED DAMAGE TO PROPERTY RENTED TO YOU (Tenant's Property Damage)** - Paragraph **9.a.** of **Definitions** is replaced with the following:

- 9.a.** A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protection systems to premises while rented to you or temporarily occupied by you with the permission of the owner, or for damage to contents of such premises that are included in your premises rental or lease agreement, is not an "insured contract".

E. MEDICAL PAYMENTS EXTENSION

If **Coverage C Medical Payments** is not otherwise excluded, the Medical Payments provided by this policy are amended as follows:

Under Paragraph **1. Insuring Agreement** of **Section I - Coverage C - Medical Payments**, Subparagraph **(b)** of Paragraph **a.** is replaced by the following:

- (b)** The expenses are incurred and reported within three years of the date of the accident; and

F. EXTENSION OF SUPPLEMENTARY PAYMENTS - COVERAGES A AND B

1. Under **Supplementary Payments - Coverages A and B**, Paragraph **1.b.** is replaced by the following:

- b. Up to **\$3,000** for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

2. Paragraph **1.d.** is replaced by the following:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to **\$500** a day because of time off from work.

G. ADDITIONAL INSURED - BY CONTRACT, AGREEMENT OR PERMIT

1. Paragraph **2.** under **Section II - Who Is An Insured** is amended to include as an insured any person or organization whom you have agreed to add as an additional insured in a written contract, written agreement or permit. Such person or organization is 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:

- a. Your acts or omissions, or the acts or omissions of those acting on your behalf, in the performance of your on going operations for the additional insured that are the subject of the written contract or written agreement provided that the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" is committed, subsequent to the signing of such written contract or written agreement; or

- b. Premises or facilities rented by you or used by you; or
- c. The maintenance, operation or use by you of equipment rented or leased to you by such person or organization; or
- d. Operations performed by you or on your behalf for which the state or political subdivision has issued a permit subject to the following additional provisions:
- (1) This insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of the operations performed for the state or political subdivision;
 - (2) This insurance does not apply to "bodily injury" or "property damage" included within the "completed operations hazard".
 - (3) Insurance applies to premises you own, rent, or control but only with respect to the following hazards:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.

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.

With respect to Paragraph 1.a. above, a person's or organization's status as an additional insured under this endorsement ends when:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

With respect to Paragraph 1.b. above, a person's or organization's status as an additional insured under this endorsement ends when their written contract or written agreement with you for such premises or facilities ends.

With respects to Paragraph 1.c. above, this insurance does not apply to any "occurrence" which takes place after the equipment rental or lease agreement has expired or you have returned such equipment to the lessor.

The insurance provided by this endorsement applies only if the written contract or written agreement is signed prior to the "bodily injury" or "property damage".

We have no duty to defend an additional insured under this endorsement until we receive written notice of a "suit" by the additional insured as required in Paragraph b. of Condition 2. **Duties In the Event Of Occurrence, Offense, Claim Or Suit** under **Section IV - Commercial General Liability Conditions**.

2. With respect to the insurance provided by this endorsement, the following are added to Paragraph 2. **Exclusions under Section I - Coverage A - Bodily Injury And Property Damage Liability:**

This insurance does not apply to:

- a. "Bodily injury" or "property damage" arising from the sole negligence of the additional insured.
- b. "Bodily injury" or "property damage" that occurs prior to you commencing operations at the location where such "bodily injury" or "property damage" occurs.
- c. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

- d. "Bodily injury" or "property damage" occurring after:
 - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- e. Any person or organization specifically designated as an additional insured for ongoing operations by a separate **ADDITIONAL INSURED -OWNERS, LESSEES OR CONTRACTORS** endorsement issued by us and made a part of this policy.

3. 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:

- a. Required by the contract or agreement; or
 - b. 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.

H. PRIMARY AND NON-CONTRIBUTORY ADDITIONAL INSURED EXTENSION

This provision applies to any person or organization who qualifies as an additional insured under any form or endorsement under this policy.

Condition 4. **Other Insurance of SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

- a. The following is added to Paragraph a. **Primary Insurance:**

If an additional insured's policy has an Other Insurance provision making its policy excess, and you have agreed in a written contract or written agreement to provide the additional insured coverage on a primary and noncontributory basis, this policy shall be primary and we will not seek contribution from the additional insured's policy for damages we cover.

b. The following is added to Paragraph b. Excess Insurance:

When a written contract or written agreement, other than a premises lease, facilities rental contract or agreement, an equipment rental or lease contract or agreement, or permit issued by a state or political subdivision between you and an additional insured does not require this insurance to be primary or primary and non-contributory, this insurance is excess over any other insurance for which the additional insured is designated as a Named Insured.

Regardless of the written agreement between you and an additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the additional insured has been added as an additional insured on other policies.

I. ADDITIONAL INSURED - EXTENDED PROTECTION OF YOUR "LIMITS OF INSURANCE"

This provision applies to any person or organization who qualifies as an additional insured under any form or endorsement under this policy.

1. The following is added to Condition 2. Duties In The Event Of Occurrence, Offense, Claim or Suit:

An additional insured under this endorsement will as soon as practicable:

- a.** Give written notice of an "occurrence" or an offense that may result in a claim or "suit" under this insurance to us;
- b.** Tender the defense and indemnity of any claim or "suit" to all insurers whom also have insurance available to the additional insured; and
- c.** Agree to make available any other insurance which the additional insured has for a loss we cover under this Coverage Part.
- d.** We have no duty to defend or indemnify an additional insured under this endorsement until we receive written notice of a "suit" by the additional insured.

- 2.** The limits of insurance applicable to the additional insured are those specified in a written contract or written agreement or the limits of insurance as stated in the Declarations of this policy and defined in **Section III - Limits of Insurance** of this policy, whichever are less. These limits are inclusive of and not in addition to the limits of insurance available under this policy.

**J. WHO IS AN INSURED - INCIDENTAL MEDICAL ERRORS / MALPRACTICE
WHO IS AN INSURED - FELLOW EMPLOYEE EXTENSION - MANAGEMENT EMPLOYEES**

Paragraph **2.a.(1)** of **Section II - Who Is An Insured** is replaced with the following:

(1) "Bodily injury" or "personal and advertising injury":

- (a)** To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
- (b)** To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph **(1) (a)** above;
- (c)** For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs **(1) (a)** or **(b)** above; or
- (d)** Arising out of his or her providing or failing to provide professional health care services. However, if you are not in the business of providing professional health care services or providing professional health care personnel to others, or if coverage for providing professional health care services is not otherwise excluded by separate endorsement, this provision (Paragraph **(d)**) does not apply.

Paragraphs **(a)** and **(b)** above do not apply to "bodily injury" or "personal and advertising injury" caused by an "employee" who is acting in a supervisory capacity for you. Supervisory capacity as used herein means the "employee's" job responsibilities assigned by you, includes the direct supervision of other "employees" of yours. However, none of these "employees" are insureds for "bodily injury" or "personal and

advertising injury" arising out of their willful conduct, which is defined as the purposeful or willful intent to cause "bodily injury" or "personal and advertising injury", or caused in whole or in part by their intoxication by liquor or controlled substances.

The coverage provided by provision J. is excess over any other valid and collectable insurance available to your "employee".

K. NEWLY FORMED OR ADDITIONALLY ACQUIRED ENTITIES

Paragraph 3. of **Section II - Who Is An Insured** is replaced by the following:

3. Any organization you newly acquire or form and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the expiration of the policy period in which the entity was acquired or formed by you;
 - b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - c. Coverage B does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.
 - d. Records and descriptions of operations must be maintained by the first Named Insured.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations or qualifies as an insured under this provision.

L. FAILURE TO DISCLOSE HAZARDS AND PRIOR OCCURRENCES

Under **Section IV - Commercial General Liability Conditions**, the following is added to Condition 6. **Representations**:

Your failure to disclose all hazards or prior "occurrences" existing as of the inception date of the policy shall not prejudice the coverage afforded by this policy provided such failure to disclose all hazards or prior "occurrences" is not intentional.

M. KNOWLEDGE OF OCCURRENCE, OFFENSE, CLAIM OR SUIT

Under **Section IV - Commercial General Liability Conditions**, the following is added to Condition 2. **Duties In The Event of Occurrence, Offense, Claim Or Suit**:

Knowledge of an "occurrence", offense, claim or "suit" by an agent, servant or "employee" of any insured shall not in itself constitute knowledge of the insured unless an insured listed under Paragraph 1. of **Section II - Who Is An Insured** or a person who has been designated by them to receive reports of "occurrences", offenses, claims or "suits" shall have received such notice from the agent, servant or "employee".

N. LIBERALIZATION CLAUSE

If we revise this Commercial General Liability Extension Endorsement to provide more coverage without additional premium charge, your policy will automatically provide the coverage as of the day the revision is effective in your state.

O. BODILY INJURY REDEFINED

Under **Section V - Definitions**, Definition 3. is replaced by the following:

3. "Bodily Injury" means physical injury, sickness or disease sustained by a person. This includes mental anguish, mental injury, shock, fright or death that results from such physical injury, sickness or disease.

P. EXTENDED PROPERTY DAMAGE

Exclusion a. of COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY is replaced by the following:

a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

Q. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - WHEN REQUIRED IN A CONTRACT OR AGREEMENT WITH YOU

Under **Section IV - Commercial General Liability Conditions**, the following is added to Condition **8. Transfer Of Rights Of Recovery Against Others To Us**:

We waive any right of recovery we may have against a person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard" provided:

1. You and that person or organization have agreed in writing in a contract or agreement that you waive such rights against that person or organization; and
2. The injury or damage occurs subsequent to the execution of the written contract or written agreement.



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured & Mailing Address

ADOPT A STREAM FOUNDATION
600 128th St SE
Everett, WA 98208-6353

Agent Mailing Address & Phone No.

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC
PO BOX 392
NORTH BEND, WA 98045-0392

CHANGES TO POLICY - TRANSACTION # 2

This Policy Change Endorsement Results In A Change In The Charges As Follows:

No Change in Premium

Description of Change(s)

AMENDMENT OF CANCELLATION PROVISION IS ADDED IN
FAVOR OF SNOHOMISH COUNTY SURFACE WATER MANAGEMENT
AT LOCATION 1: 600 128TH ST SE, EVERETT, WA 98208
See The Revised Declarations and Declarations Schedule

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

ADOPT A STREAM FOUNDATION

Agent

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF LOCATIONS

0001 600 128th St SE, Everett, WA 98208-6353

0002 600 128th St SE, Everett, WA 98208-6353

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 01 81 05 08	Washington Changes
CG 01 97 12 07	Washington Changes - Employment-Related Practices Exclusion
CG 03 00 01 96	Deductible Liability Insurance
CG 04 42 11 03	Stop Gap - Employers Liability Coverage Endorsement - Washington
CG 04 50 05 08	Washington Changes - Who Is An Insured
CG 20 10 04 13	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
CG 20 11 04 13	Additional Insured - Managers Or Lessors Of Premises
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 73 01 15	Exclusion of Certified Acts of Terrorism
CG 21 86 12 04	Exclusion - Exterior Insulation and Finish Systems

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

CG 21 96 03 05	Silica or Silica-Related Dust Exclusion
CG 22 30 07 98	Exclusion - Corporal Punishment
CG 22 71 04 13	Colleges or Schools (Limited Form)
CG 22 79 04 13	Exclusion - Contractors - Professional Liability
CG 22 93 04 13	Lawn Care Services - Limited Pollution Coverage
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 26 77 12 04	Washington - Fungi or Bacteria Exclusion
CG 32 20 01 15	Washington Conditional Exclusion of Terrorism - (Relating to Disposition of Federal Terrorism Risk Insurance Act)
CG 70 02 01 01	General Endorsement
CG 80 61 05 11	Amendment of Cancellation Provisions
CG 83 20 12 08	Contractors Amendment of Pollution Exclusion (Job Sites)
CG 84 94 12 08	Exclusion - Consolidated Insurance Programs Wrap-Up
CG 84 99 08 09	Non-Cumulation Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension
CG 88 60 12 08	Each Location General Aggregate Limit

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

ADOPT A STREAM FOUNDATION

Agent

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 88 70 12 08	Construction Project(s)-General Aggregate Limit (Per Project)
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 87 12 08	Exclusion - Lead Liability
CG 89 27 10 09	Washington Exclusion - Asbestos
CG 91 98 06 15	Disclosure and Notice Concerning Fully Earned and Minimum Premium Endorsements
CG 92 48 01 16	Sexual Misconduct or Abuse Exclusion
CG 93 41 08 20	Voluntary Loss Coverage No Duty To Defend
CG 93 81 11 22	Exclusion - Biometric Information Privacy Claim
CL 01 03 03 10	Common Policy Conditions - Washington
CL 06 10 03 15	Certified Act of Terrorism Exclusion
CL 07 00 10 06	Virus or Bacteria Exclusion
CL 08 11 09 18	Cannabis Items and Activities Exclusion
CL 16 30 08 06	Conditional Terrorism Exclusion
CM 76 13 07 13	Waiver of Theft Deductible
CM 89 15 06 20	Variable Deductible Endorsement
CM 89 19 06 20	Valuation Of Equipment Leased Or Rented From Others

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

ADOPT A STREAM FOUNDATION

Agent

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

CM 89 21 08 20	Replacement Cost Removed On Equipment Older Than Six (6) Years Of Age
CM 89 65 08 21	Cyber Incident Exclusion
CM 89 68 05 21	Amendatory Endorsement - Washington
CP 00 10 10 12	Building and Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 01 26 10 12	Washington Changes
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 01 60 03 21	Washington Changes - Domestic Abuse
CP 01 79 10 12	Washington Changes - Excluded Causes of Loss
CP 10 30 10 12	Causes of Loss - Special Form
CP 12 11 10 00	Burglary and Robbery Protective Safeguards
CP 88 04 03 10	Removal Permit
CP 88 10 02 15	Property Extension Plus
CP 88 44 02 15	Equipment Breakdown Coverage Endorsement
CP 92 01 05 17	Property Anti-Stacking Endorsement
CP 92 12 12 20	Cyber Incident Exclusion

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
Endorsement Period:
From 08/01/2023 to 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

ADOPT A STREAM FOUNDATION

Agent

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

IL 01 23 11 13	Washington Changes - Defense Costs
IL 01 46 08 10	Washington Common Policy Conditions
IL 01 98 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 53 01 15	Exclusion Of Certified Acts Of Terrorism Endorsement
IL 09 83 01 08	Washington - Amendment of Terrorism Exclusions
IL 09 95 01 07	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
IL 88 56 03 22	Actual Cash Value - Washington
IM 70 00 04 04	Contractors' Equipment Coverage
IM 70 34 01 12	Tools Endorsement

Issue Date 08/03/23

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Property
Declarations -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$6,534.00

Total Advance Charges: \$6,534.00
Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Property
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 600 128th St SE, Everett, WA 98208-6353

Property
Characteristics

Description:

Construction: Frame

Your Business
Personal Property
Coverage

Occupancy: Landscape Gardening - Offices

Description

Limit of Insurance - Replacement Cost **\$303,712**

Coinsurance **100%**

Covered Causes of Loss

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated **\$2,500**

Premium **\$449.00**

Equipment
Breakdown
Coverage

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium **\$149.00**

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Property
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 600 128th St SE, Everett, WA 98208-6353

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages included within the Blanket Limit. The Equipment Breakdown limit of insurance and deductible are Included in and not in addition to, the Blanket limit and deductible.

Premium

Included

0002 600 128th St SE
Gate House
Everett, WA 98208-6353

**Property
Characteristics**

Description:

Construction: Frame

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages included within the Blanket Limit. The Equipment Breakdown limit of insurance and deductible are Included in and not in addition to, the Blanket limit and deductible.

Premium

\$4.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Property
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

BLANKET COVERAGE 1

**Blanket Building and
Property in the Open
Coverage**

DESCRIPTION

Limit of Insurance	\$2,085,236
Coinsurance	100%
Covered Causes of Loss	
Special Form - Including Theft	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$2,500

600 128th St SE, Everett, WA 98208-6353

Construction: Frame

Building Occupancy: Landscape Gardening - Offices
Special Form - Including Theft

Your Business Personal

Property Occupancy: Landscape Gardening - Offices

Coverage: Building and Property in the Open
Replacement Cost - Building
Replacement Cost - Property in the Open
Inflation Guard - Annual Increase 4%

600 128th St SE

Gate House

Everett, WA 98208-6353

Construction: Frame

Occupancy: Landscape Gardening - Offices
Special Form - Including Theft

Coverage: Building
Replacement Cost - Building

Premium \$5,682.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Property
Declarations Schedule -Revised

Named Insured	Agent
ADOPT A STREAM FOUNDATION	(425) 641-5066 CARRIAGE INSURANCE AGENCY INC

SUMMARY OF OTHER PROPERTY COVERAGES

Property Extension Endorsement	Description	
	Property Extension Plus	\$250.00
		<i>Premium</i> \$250.00
Commercial Property Schedule Total:		\$6,534.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08

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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial Inland Marine
Declarations -Revised

Named Insured	Agent
ADOPT A STREAM FOUNDATION	(425) 641-5066 CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Contractors Equipment with Small Tools	\$32.00
	Commercial Inland Marine Schedule Totals	\$32.00
	Total Advance Charges:	\$32.00
	Note: This is not a bill	

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08

SCHEDULE OF COVERAGES

CONTRACTORS' EQUIPMENT

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

PROPERTY COVERED

(check one)

☒ Scheduled Equipment (Refer to Equipment Schedule)

☐ Schedule On File

"LIMIT"

Catastrophe Limit -- The most "we" pay for loss in any one occurrence is:

\$ 1,000

COVERAGE EXTENSIONS

Additional Debris Removal Expenses

\$ 5,000

SUPPLEMENTAL COVERAGES

Employee Tools

\$ 5,000

Equipment Leased or Rented From Others

\$ 25,000

Newly Purchased Equipment (check one)

☒ Percentage of Catastrophe Limit

30 %

☐ Dollar Limit

\$

Pollutant Cleanup and Removal

\$ 25,000

Rental Reimbursement

-- Reimbursement Limit

\$ 5,000

-- Waiting Period

72 Hours

Spare Parts and Fuel

\$ 5,000

COINSURANCE (check one)

☐ 80% ☐ 90% ☒ 100% ☐ OTHER %

REPORTING CONDITIONS (check if applicable)

☐ Equipment Leased or Rented From Others

-- Reporting Rate \$
-- Deposit Premium \$
-- Minimum Premium \$

VALUATION (check if applicable)

☐ Actual Cash Value ☐ Replacement Cost

☒ Indicated on Equipment Schedule

DEDUCTIBLE (check one)

☒ Flat Deductible Amount \$ 500 **
☐ Percentage Deductible %
Maximum Deductible Amount \$
Minimum Deductible Amount \$

ADDITIONAL INFORMATION

** This deductible applies to all equipment
unless specified otherwise. Please refer to
the CM 8917 for Varying equipment deductibles

EQUIPMENT SCHEDULE
CONTRACTORS' EQUIPMENT
VALUATION BASIS

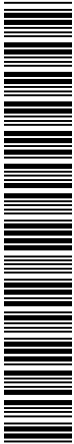
(The entries required to complete this schedule
will be shown below or on the "schedule of coverages".)

SCHEDULED EQUIPMENT

AA = Agreed Amount ACV = Actual Cash Value RP = Replacement Cost

Item No.	Valuation	Description of Equipment	"Limit"	Deductible
1	ACV	Tools-Owners with \$2,500 per Item Max(See IM 7034)	\$ 1,000	500
			\$	
			\$	
			\$	
			\$	
			\$	

Item No.	Valuation	Description of Equipment	"Limit"	Deductible
			\$	
			\$	



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235

of 26

17

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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

**Commercial General Liability
Declarations -Revised**

Basis: Occurrence

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	1,000,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	5,383.00

Total Advance Charges: \$5,383.00
Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 600 128th St SE, Everett, WA 98208-6353

Insured: ADOPT A STREAM FOUNDATION

CLASSIFICATION - 91581

Contractors - Subcontracted Work - In Connection With
Construction, Reconstruction, Erection or Repair -
Not Buildings

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	25,371 Dollars Of Total Cost	7.706	\$196.00
Total:			\$196.00
Products/Completed Operations		7.174	\$182.00
Minimum Premium Adjustment			\$68.00
Total:			\$250.00

CLASSIFICATION - 91585

Contractors - Subcontracted Work - In Connection With
Construction, Reconstruction, Repair or Erection Of
Buildings NOC

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	Dollars Of Total Cost - if any	3.389	
Total:			
Products/Completed Operations		3.736	
Total:			

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

CLASSIFICATION - 94007

Excavation

COVERAGE DESCRIPTION	PREMIUM BASED ON - Individual Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	Dollars Of Payroll - if any	59.937	

Total:

Products/Completed Operations

32.747

Total:

CLASSIFICATION - 94007

Excavation

COVERAGE DESCRIPTION	PREMIUM BASED ON - Employees Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	Dollars Of Payroll - if any	59.937	

Total:

Products/Completed Operations

32.747

Total:

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION - continued

CLASSIFICATION - 97047

Landscape Gardening
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON - Individual Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	Dollars Of Payroll - if any	15.757	

Total:

CLASSIFICATION - 97047

Landscape Gardening
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON - Employees Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	178,085 Dollars Of Payroll	15.757	\$2,806.00

Total:

Included

CLASSIFICATION - 67513

Schools NOC - Not For Profit
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	7,336 Square Feet Of Area	146.886	\$1,078.00

Total:

Included

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations Schedule -Revised

Named Insured

Agent

ADOPT A STREAM FOUNDATION

(425) 641-5066
CARRIAGE INSURANCE AGENCY INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION - continued

CLASSIFICATION - 44277

Halls - Not For Profit
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	2,207 Square Feet Of Area	204.184	\$451.00
<i>Total:</i>			<i>Included</i>

SUMMARY OF OTHER COVERAGE

COVERAGE DESCRIPTION	PREMIUM
Construction Project(s) - General Aggregate Limit (Per Project)	\$137.00
Contractors Amendment of Pollution Exclusion (Job Sites)	\$45.00
Voluntary Loss Coverage	\$200.00
CLASSIFICATION - 92400	PREMIUM BASED ON -
Stop Gap - Employers Liability	
Stop Gap Employers' Liability - WA	232,220 Dollars of Payroll
Minimum Premium Adjustment	
CG20100413	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
	\$92.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (24) 56 73 79 75
Policy Period:
From 06/02/2023 To 06/02/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations Schedule -Revised

Named Insured	Agent
ADOPT A STREAM FOUNDATION	(425) 641-5066 CARRIAGE INSURANCE AGENCY INC

SUMMARY OF OTHER COVERAGE - continued

COVERAGE DESCRIPTION		PREMIUM
CG20110413	Additional Insured - Managers or Lessors of Premises	\$46.00
Commercial General Liability Schedule Total		\$5,383.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF CANCELLATION PROVISIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Any term or provision of the Cancellation Conditions of the policy or any endorsement amending or replacing such Conditions is amended by the following:

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the person or organization shown in the Schedule below. In no event will the notice to the person or organization scheduled below exceed the notice to the first named insured.
- B. Our obligation to send notice to the person or organization listed in the Schedule below will terminate at the earlier of the current policy period expiration or when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation.

SCHEDULE

1. **Name:**
Snohomish County Surface Water Management
2. **Address:**
3000 Rockefeller Ave M/S 303

EVERETT, WA 98201
3. **Number of days advance notice:**
30

All other terms and conditions of this policy remain unchanged.

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