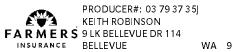


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/21/2024

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.

PRODUCER ROBINSON Insurance Agency 3 Lake Bellevue WA 98005 Six 114 Bellevue WA 98005	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this contificate does not confer rights to the certificate helder in liquid of such and examinately.											
9 Lake Believue WA 98005 Sist 14 Believue WA 98005	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Pobleson Insurance Agency CONTACT David Straughan											
Ste 114 Bollevue WA 98005 Ste 114 Bollevue WA 98005 INSURER S. MICH Kinbinson 2 @farmersagency.com INSURER R. SURER S. FORDING COVERAGE INSURER R. STEVEN COVERAGE INSURER R. STEVEN COVERAGE INSURER R. STEVISION NUMBER: COVERAGES CERTIFICATE NUMBER: INSURER R. SUBJECT TO ALL THE POLICIPE OF INSURING LIGHTED BELOW HAVE BEEN ISSUED TO THE INSURED MAND ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED HAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN IEDUCED BY PAID CLAIMS. COMMERCIAL GENERAL LIABILITY CONTRACT LIMIT APPLES PER: AUTOMOBILE LIABILITY CONTRACT LIMIT APPLES PER: COMMERCIAL GENERAL LIABILITY COM	,											
Bellevue WA 98005 MISURERO JAFFORNIOS COVERAGE NAMC MISURER A: TYTICK INSURANCE EXChange 21709 MISURER STATE MICHAEL 1860 18607 MISURER STATE MICHAEL 1860 18607 MISURER STATE MICHAEL 18607 MISURER STATE MISURER STATE 18607 MISURER STATE MISURER STATE 18607 MISURER STATE MISURER STATE 18607 MISU							(A/C, No, Ext): 423-626-2669 (A/C, No):					
INSURED OQ Point LLC INSURED OQ Point LLC 2533 152ND AVE NE Suite 14MA Redmond WA 98052 CERTIFICATE NUMBER: INSURER E:						E-MAIL ADDRESS: david.krobinson2@farmersagency.com						
INSURER 9	Bellevue WA 98005										NAIC#	
NSURER C : At-Bay Specialty Insurance Company 19607 INSURER D : INSURED D : INSURER											21709	
Suite 14MA Redmond WA 98052 CERTIFICATE NUMBER: INSURER F: INSURE F: INSURER	INSU	IRED	OQ Point LLC				INSURER B : Mid Century Insurance Company 21687			21687		
Suite 14MA Redmond WA 98052 CERTIFICATE NUMBER: INSURER F: INSURE F: INSURER			2535 152ND AVE NE								19607	
Redmond WA 98052 MSURER E : MSURER F :			Suite 14MA									
COVERAGES CERTIFICATE 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 DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE ADDITIONAL OF THE POLICIES DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE ADDITIONAL OF THE POLICIES DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE ADDITIONAL OF THE POLICIES OF INSURANCE HER POLICIES DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE ADDITIONAL OF THE POLICIES OF THE POLICIES DOCUMENT WITH RESPECT TO WHICH THIS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY TYPE OF INSURANCE POLICY TYPE OF INSURANCE ADDITIONAL OF THE POLICIES DOCUMENT WITH RESPECT TO WHICH THIS SUBJECT TO ALL THE TERMS. POLICY TYPE OF INSURANCE PREMISES (SEE OCCUMENCE) ST. 0.000 MED EXP (ANY ONE DESCRIPTION OF SHOWN OF THE POLICIES DOCUMENT OF THE TERMS OF THE TERMS OF THE TERMS OF THE POLICIES DOCUMENT OF THE TERMS OF THE POLICIES DOCUMENT OF THE TERMS OF THE POLICIES DOCUMENT OF THE POLICIES			Redmond WA 98052									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND AND ADDRESS. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE AFFORDED SY THE POLICY PERIOD NOICATED. 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 PAIR POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIR POLICY NUMBER. INDURENCE AND SHOWN POLICY NUMBER. INDURENCE AND SHOWN POLICY NUMBER. OS/17/2024 OS/17/2024 OS/17/2024 OS/17/2025 PERSONAL A ADV INJURY. S 2,000,000 PERSONAL A ADV INJURY. S 2,000,000 PRODUCTS - COMPIOP AGG. \$ 2,000,000 PRODUCTS - C												
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 OF 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 PAPID CLAIMS. INSURANCE INSURANCE INSURANCE 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 PAPID CLAIMS. INSURANCE INSU		VED	VGES CED.	TIEI	CATI	= NIIMDED:	INSURE	:K F :		DEVISION NUMBED:		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSE V COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR B OS/17/2024 OS/17/2025 OS/17/2024 OS/17/2024 OS/17/2025 OS/17/2024 OS/17/2025 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2027 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2027 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 OS/17/2026 O							/E REE	N ISSUED TO			E DOLI	CV DEDIOD
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. INST. TYPE OF INSURANCE ADDI_SUBR (INSD WV) CLAIMS-MADE OCCUR B												
Type of Insurance ADDL SUBR POLICY NUMBER POLICY NUMBER POLICY FRP (MMDDYYYYY) RACHOCCURRENCE \$ 2,000,000	c	ERTIF	FICATE MAY BE ISSUED OR MAY F	PERT	ΓΑΙΝ,	THE INSURANCE AFFORDE	ED BY	THE POLICIE	S DESCRIBE	HEREIN IS SUBJECT TO		
TYPE OF INSURANCE NSD WOD POLICY NUMBER MM/DD/YYYY MMMDD/YYYY ACCURENCE \$2,000,000							BEEN F					
B CLAIMS-MADE V OCCUR B O5/17/2024 05/17/2025 DEENLA AGREGATE LIMIT APPLIES PER: COMBINED SINGLE LIMIT S 2,000,000		<u></u>	TYPE OF INSURANCE					(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE STATUTE ST		'	COMMERCIAL GENERAL LIABILITY								\$ 2,00	0,000
B GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC			CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,0	00
GENL AGGREGATE LIMIT APPLIES PER:	В		<u> </u>							MED EXP (Any one person)	\$ 5,00	0
GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PROUCTS - COMPIOP AGG \$2,000,000						606667270		05/17/2024	05/17/2025	PERSONAL & ADV INJURY	\$ 2,00	0,000
PRODUCTS - COMP/OP AGG \$ 2,000,000 THER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRD AUTOS ONLY BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE S 5,000,000 AGGREGATE S 1,000,000 BODILY INJURY (Per person) S DEACH OCCURRENCE B 606667270 B 7/17/2025 B 606667270 B 7/17/2025 B		GEN	"L AGGREGATE LIMIT APPLIES PER:									-
OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONL		-								0.4		<u> </u>
AUTOMOBILELIABILITY ANY AUTO OWNED AUTOS ONLY HEBO AUTOS ONLY HISTORIC AUTOS ONLY AUTOS ONLY AUTOS ONLY HISTORIC AUTOS ONLY HISTORIC AUTOS ONLY AUTOS		H										
ANY AUTO B ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY CLAIMS-MADE 606667274 606667274 606667274 606667270 WA State Stop Gap 606667270 AUTOSONLY 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270 606667270				Г						COMBINED SINGLE LIMIT & 2 00		0.000
B OWNED AUTOS ONLY WAITOS ONLY					ш					(Ea accident)		0,000
AUTOS ONLY HIRED AUTOS ONLY AUTOS	_	Н				000007070		05/47/0004	05/47/2025	` ' '		
AUTOS ONLY S EACH OCCURRENCE \$ 5,000,000 AGREGATE \$ 5,000,000 AGREGATE \$ 5,000,000 AGREGATE \$ 5,000,000 S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIAB	Ь	Н	AUTOS ONLY AUTOS			606667270		05/1//2024	05/17/2025			
A EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE DED RETENTIONS 10,000 S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PEMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below C Tech E&O (Professional)/Cyber Liability Pending Completion of Binding c08/22/2024 08/22/2025 AGGREGATE \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) APPROVED EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) APPROVED AGGREGATE \$1,000,000		~	AUTOS ONLY AUTOS ONLY							(Per accident)		
A EXCESS LIAB CLAIMS-MADE DED RETENTIONS 10,000 60667274 05/17/2024 05/17/2025 AGGREGATE \$ 5,000,000 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 7/N AND EMPLOYERS' LIABILITY 8TATUTE OTH-COMPENSATION AND EMPLOYERS' LIABILITY 9/N AND EMPLOYERS' LIABILITY 9/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Pending Completion of Binding c08/22/2024 08/22/2025 AGGREGATE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE		Щ										
DED RETENTION \$ 10,000 S		~	UMBRELLA LIAB OCCUR		Ш					EACH OCCURRENCE S	\$ 5,00	0,000
B ANPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239.	Α	Ш	CLAINS-NADE			606667274		05/17/2024	05/17/2025	AGGREGATE \$ 5,0		0,000
B ANPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239.			DED RETENTION \$ 10,000								\$	
B ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below C Tech E&O (Professional)/Cyber Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239.			WORKERS COMPENSATION							PER OTH-ER		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below WA State Stop Gap E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 C Tech E&O (Professional)/Cyber Liability Pending Completion of Binding (08/22/2024 08/22/2025 AGGREGATE \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239.	В	ANYP	ROPRIETOR/PARTNER/EXECUTIVE		. —	606667270		05/17/2024	05/17/2025	E.L. EACH ACCIDENT \$ 1		0,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000		(Man	OFFICER/MEMBER EXCLUDED? Mandatory in NH)			WA State Stop Gap					_{\$} 1,00	0,000
C Tech E&O (Professional)/Cyber Liability Pending Completion of Binding c08/22/2024 08/22/2025 AGGREGATE \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239. APPROVED		If yes	, describe under									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239. APPROVED		DEGC	THE TOTAL OF ENAMED BEION		┰					E.E. BIOL/IOE T OLIOT LIMIT	Ψ,	,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239. APPROVED	c	Tech	n E&O (Professional)/Cyber Liability			Pending Completion of Bi	ndina d	ding c08/22/2024	08/22/2025			
SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239. APPROVED									AGGREGATE \$		0,000	
SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239. APPROVED	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu					le may be attached if m		e space is require				
	SNOHOMISH COUNTY is additional insure on the General Liability policy as indicated by Endorsement form J7239.											
	APPROVED											
By Sheila Barker at 8:10 am, Aug 22, 2024						AIINOVI						
						Bv Sheila Ba	rker	at 8:10 a	am. Aug	22, 2024		
												
CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER (CANCELLATION						
SNOHOMISH COUNTY	SNOHOMISH COUNTY						<u> </u>	NIII D ANN 07	THE ABOVE 5	E00010E0 001 101E0 0E 011	NOT: :	ED DEEGSE
THE EVENTATION DATE THEREOF NOTICE WILL BE DELIVERED IN	SNOHOMISH COUNTY											
3000 ROCKEFELLER AVE ACCORDANCE WITH THE POLICY PROVISIONS.	3000 ROCKEFELLER AVE											
EVERETT, WA 98201 AUTHORIZED REPRESENTATIVE	EVERETT, WA 98201											
David Stanishan						David Straughan						



WA 98005

OQ POINT, LLC **2535 152ND AVE NE SUITE 14MA** REDMOND WA 98052-5537

60666-72-70 08/21/24 00:45:17 6066672700024 002 AHF76 ENDORSEMENT

CM057PM1 03

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy Number: 60666-72-70

POLICY CHANGES

Effective Date of Change: 08/20/24 Expiration Date: 05/17/25

Change Endorsement No.: 002 Agent: 79-37-35J

Named Insured: OQ POINT, LLC

2535 152ND AVE NE SUITE 14MA REDMOND WA

WA 98052-5537

The following item(s):

	Insured's Name	Insured's Mailing Address
	Policy Number	Company
	Effective / Expiration Date	Insured's Legal Status / Business of Insured
	Payment Plan	Premium Determination
X	Additional Interested Parties	Coverage Forms and Endorsements
	Limits / Exposures	Deductibles
	Covered Property / Location Description	Classification / Class Codes
	Rates	Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

X	No Changes		To Be Adjusted At Audit	Additional Premium	Return Premium		
				\$	\$		
Authorized Representative Signature:							



Policy Changes Endorsement Description

ADD ADDITIONAL INTEREST ADDITIONAL INSURED -J7239-ED1 OWNERS, LESSEES OR CONTRACTORS SNOHOMISH COUNTY 3000 ROCKEFELLER AVE EVERETT, WA 98201 LOCATION: 2535 152ND AVE NE REDMOND, WA 98052

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.



ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations			
S NO HOMISH COUNTY				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

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 for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "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.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance** of the applicable Coverage Form:

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 is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.