

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2023

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).

th	s certificate does not confer rights to	o the	certi	ificate holder in lieu of su							
PROD	DUCER				CONTA NAME:		Salinas				
ISU Insurance Solutions Group LLC					PHONE (A/C, No, Ext): 425-402-0176 FAX (A/C, No):						
14623 NE N Woodinville Way Ste 203					E-MAIL ADDRESS: Melonie@isgbarker.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
Woodinville WA 98072					INSURER A: Western World Insurance Company						
INSURED				INSURER B:							
Minotaur Mazes Inc.			INSURER C:								
912 NW 63rd St				INSURER D:							
						INSURER E :					
Seattle WA 98107			WA 98107	INSURER F:							
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
INI CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTION OF MAY PER RETIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	UIREN TAIN,	ЛENT, THE	, TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	NTRACT OR OT DLICIES DESCR	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WE	HICH THI		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	77							MED EXP (Any one person)	\$	5,000	
Α		Y		NPP8916350		08/04/2023	08/04/2024	PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC	Λ	DI	DOVED				PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:	<i>A</i>	PF	PROVED					\$	-	
	AUTOMOBILE LIABILITY	Bv	Dian	ne Baer - Risk Managem	ent at	12:30 pm. Ji	ul 05. 2023	COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	(,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		BODILY INJURY (Per person)	\$	-	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	-	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOCONET							(i or accidenty	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	i							s		
	WORKERS COMPENSATION							PER STATUTE X OTH-	Ť		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		NPP8916350-stop gap			08/04/2023	08/04/2024	E.L. EACH ACCIDENT	s	1,000,000	
A								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)			
2023 Evergreen State Fair August 24-September 4, 2023. Snohomish County and Evergreen State Fairgrounds, their											
officers, elected officials, agents and employees are listed as an additional insured as respects to the written contract											
W1	th the insured.										
CERTIFICATE HOLDER						CANCELLATION					
<u> </u>	THIOATE HOEDER				l carre	LLLATION					
Snohomish County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Evergreen State Fairgrounds					AUTHORIZED REPRESENTATIVE						
14405 179th Ave SE					Melonie Salinas						
Monroe WA 98272					Pretonie Vatinas						

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)								
Snohomish County its officers, elected officials, agents and employees								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.								

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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.