



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/29/2026

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 Nicholson & Associates Ins LLC 118 W Pine St Centralia, WA 98531	CONTACT NAME: Mallori Romero PHONE (A/C, No, Ext): (360)736-7601 E-MAIL ADDRESS: mallori@nichinsure.com	FAX (A/C, No): (360)623-1054	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Health Pros NorthWest, Inc. PO Box 322 Woodinville, WA 98072-0322	INSURER A: Aspen Specialty Ins Co		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 00063702-0

REVISION NUMBER: 19


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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		MM00PT225	12/25/2025	12/25/2026	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
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	MM00PT225	12/25/2025	12/25/2026	PER STATUTE	\$ 1,000,000
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional			MM00PT225	12/25/2025	12/25/2026		\$2,000,000
A	Sexual Abuse			MM00PT225	12/25/2025	12/25/2026	Liability	\$1Mil/\$3Mil

APPROVED
 By Diane Baer - Risk Management at 12:33 pm, Feb 17, 2026

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as additional insured as their interest may appear when required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

Snohomish County Corrections 3000 Rockefeller Ave 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  (NMP)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Professional Liability Insurance Policy for Physician Extenders and Allied Healthcare Professionals

In consideration of the premium charged, it is agreed that:

I. When required by contract additional **insured** status applies to both Professional Liability and General Liability coverage parts;

II. **Section IX. Conditions**, item **G. Subrogation** is deleted in its entirety and replaced with the following:

If **you** have rights to recover all or part of any payment **we** have made under this Policy, those rights are transferred to **us** and **you** shall not do anything to impair such rights. At **our** request, **you** will bring **suit** or transfer those rights to **us** and help **us** enforce them. Any amounts so recovered by **us** shall be allocated first to the expenses incurred in such recovery prorated in accordance with each interested party's share in the total recovery, then to **you** to the extent of any Deductible **you** have actually paid and any payments **you** actually have made in excess of the applicable Limits of Liability, and last to **us** to the extent of **our** payment under this Policy. However, if **you** have waived rights of recovery against any person or organization in a written contract or agreement prior to a loss, **we** also waive such right of recovery **we** may have under this Policy against such person or organization.

III. The General Liability Endorsement provides occurrence coverage;

IV. When required by contract, except with respect to the Limits of Liability, this insurance applies separately to each **insured** against whom a **claim** is made, including the applicability of exclusions. This separation of **insureds** is applicable to both Professional Liability and General Liability **claims** arising from **professional services** provided on and after 02/24/2025.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

Professional Liability Insurance Policy for Physician Extenders and Allied Healthcare Professionals

In consideration of the premium charged, it is agreed that:

The entity(ies) or person(s) set forth in the Additional Insured Schedule below is an additional **insured** under this policy, subject to the following provisions:

1. The Limits of Liability are not increased by naming the additional **insured** in this **endorsement**. The limits of liability of the policy shall be shared by the **insured** and additional **insured** endorsed to this policy;
2. Endorsement of this additional **insured** on any other primary professional liability policy issued by **us** shall not increase the limits of liability shared by the additional **insured** for a **claim** under this policy. This policy as endorsed shall not afford:
 - a. Coverage to any other **insured** or additional **insured** under any other primary professional liability policy issued by **us**; or
 - b. Coverage to this additional **insured** under any other primary professional liability policy issued by **us**; and
3. In the event of an indemnity payment on behalf of a **named insured** for a **claim**, this policy shall cease to provide defense or indemnity to any additional **insured** for the same **claim**.

ADDITIONAL INSURED SCHEDULE

Name and Address	Effective Date	Retroactive Date
non-physician healthcare professionals providing services on behalf of the named insured	12/25/2025	12/25/2021
Risk Management Multnomah County 501 SW Hawthorne Blvd., Ste 400 Portland, OR 97214	12/25/2025	12/25/2021
Snohomish County and Snohomish County Superior Court 3000 Rockefeller Ave Everett, WA 98201	12/25/2025	12/25/2021
State of Washington and all authorized Purchasers (and their agents, officers, and employees)	12/25/2025	02/24/2025

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.