



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/17/2025

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 Aviation Assurance, Inc. 16895 SW 59th Court Fort Lauderdale FL 33331-	CONTACT NAME: Neil Anton
	PHONE (A/C, No., Ext): (954)434-6222 FAX (A/C, No.): (954)434-9660
	E-MAIL ADDRESS: neil@aviationassurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Certain Underwriters at Lloyds NAIC # 15792
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES** **CERTIFICATE NUMBER:** **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	PSO0240502571	09/18/2025	09/18/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	<b>AUTOMOBILE LIABILITY</b> <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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Cyber & Privacy		PSO0240502571	09/18/2025	09/18/2026	Each occurrence and aggregate \$3,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Snohomish County Airport, The County, its officers, officials, employees and agents are covered as additional insureds as respects liability arising out of activities performed by or on behalf of the Contractor in connection with this Agreement. Such coverage shall be primary and non-contributory by any insurance carried by the Certificate Holder.

**CERTIFICATE HOLDER** **CANCELLATION** AI 001688

Snohomish County Airport Snohomish County Airport e tal 3220 100th Steet SW Suite A Everett WA 98204-	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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**APPROVED**

*By Keith Mitchell at 12:06 pm, Nov 18, 2025*

## ADDITIONAL INSURED ENDORSEMENT

ATTACHING TO  
POLICY NUMBER:

PSO0240502571

THE INSURED:

Aviation Security Consulting, Inc.

WITH EFFECT FROM:

08 Oct 2025

It is understood and agreed that the following amendments are made to this Policy:

1. The following **DEFINITION** is added:

**"Additional insured"** means  
CITY AND COUNTY OF DENVER  
Denver International Airport 8500 Peña Boulevard  
Denver , CO 80249  
US

County of Sacramento  
9660 Ecology Lane  
Sacramento, CA 95827  
US

Memphis-Shelby County Airport Authority  
Director of Staff Services  
Memphis, TN 38116  
US

Snohomish County Airport  
3220 100th Street SW, Suite A  
Everett, WA 98204  
US

Greater Orlando Aviation Authority  
5855 Cargo Road  
Orlando, FL 32877  
US

Snohomish County Airport, The county, it's officers, officials, employees & agents  
3220 100th Street SW, Suite A  
Everett  
WA, 98204

2. Where an "Additional insureds" **CONDITION** exists in this Policy, **additional insureds** are included as a **third party**.
3. Where an "Additional insureds" **CONDITION** does not exist in this Policy, the following **CONDITION** is added:

**Additional insureds**

**Additional insureds** are indemnified under this Policy as if they were

**you**, but only in respect of sums which they become legally obliged to pay (including liability for claimants' costs and expenses) as a result of any **claim** arising solely out of an act, error or omission committed by **you** or on **your** behalf, provided that had the **claim** been made against **you**, then **you** would be entitled to indemnity under this Policy.

Before **we** indemnify any **additional insured**, they must prove to **us** that the **claim** arose solely out of an act, error or omission committed by **you** or on **your** behalf and fully comply with **CONDITION 1** as if they were **you**.

When this **CONDITION** applies, it will be primary and non-contributory to the **additional insured's** own insurance but only if **you** and the **additional insured** have entered into a contract that contains a provision requiring this.

Whilst **additional insureds** are indemnified under this Policy, any **claim** made by **additional insureds** against **you** will be treated by **us** as if they were a **third party** and not as a named insured.

4. The following **CONDITION** is added:

**Notice of cancellation to additional insureds**

If **we** give **you** notice of cancellation in accordance with the "Cancellation" **CONDITION**, **we** will endeavour to provide the same notice of cancellation to **additional insureds**; however, not doing so will not place any additional liability upon **us**.

**SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY**

Authorised Signatory

A handwritten signature in black ink, appearing to read 'AR Hoz', followed by a long, wavy horizontal line.

CFC Underwriting Limited