



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/16/2023

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).

| | | |
|---|--|-----------------------|
| PRODUCER Alliant Insurance Services, Inc. 101 N. Tryon St, Ste 6000 Charlotte NC 28246 | CONTACT NAME: Torey Plummer PHONE (A/C No. Ext): 360-718-5504 E-MAIL ADDRESS: torey@synchronous.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| License#: 0C36861 AFFOHOU-05 | INSURER A: Princeton Excess & Surplus Lin | 10786 |
| INSURED Jackson House at Pacific Crest LLLP 12625 4th Avenue, W., Suite 200 Everett, WA 98204 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 530567360 **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 <input checked="" type="checkbox"/> Deductible - 0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | N1-A3-RL-0000071-09 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | N1-A3-RL-0000071-09 | 1/1/2023 | 1/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | N1-A3-FF-0000028-08 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Fidelity & Crime Theft Tenant Discrimination | | | N1-A3-RL-0000071-09 | 1/1/2023 | 1/1/2024 | LIMIT \$100,000 LIMIT \$10,000 SUB LIMIT \$150,000 |

APPROVED
 By Snohomish County Risk Mngt (S.Barker) at 3:38 pm, Feb 16, 2023

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Under the General Liability: General Aggregate Limit: Unlimited(Replenishing Aggregate).
 Terrorism is included in the General Liability. Fidelity/Crime & Tenant discrimination coverage is excluded with regard to Property Managers.
 The Excess Policy is Follow Form
 Re: 1818 Pacific Avenue, Everett, WA 98201.
 Certificate Holder is listed as an Additional Insured with respects to location at 1818 Pacific Avenue, Everett, WA 98201.

| | |
|--|---|
| CERTIFICATE HOLDER Snohomish County, its Officers, Officials, Employees and Agents 3000 Rockefeller Avenue, M/S 305 Everett WA 98201 | CANCELLATION 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 <i>Courtney Moore Giesseman</i> |
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**THE PRINCETON EXCESS AND SURPLUS LINES
INSURANCE COMPANY**

RETAINED LIMIT POLICY CHANGES

Date Issued: 12/22/2022

| | |
|--|--|
| Named Insured Affordable Housing Risk Pool LLC | Endorsement Number |
| Policy Number N1-A3-RL-0000071-09 | Endorsement Effective 01/01/2023 |

Countersigned by


Michael G. Kerner
President and Chief Executive Officer


Ignacio Rivera
Deputy General Counsel and
Assistant Secretary

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

**SCHEDULED ADDITIONAL INSURED – MORTGAGEES, ASSIGNEES,
RECEIVERS, OR CO-OWNERS OF PROPERTIES OWNED AND OPERATED BY
NAMED INSURED MEMBERS**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

- A. With respect to the General Liability Coverage Part only, the definition of **Insured** in the Liability Conditions, Definitions and Exclusions section of this policy is amended to include as an additional **Insured** the lenders, investors mortgagees, assignees, receivers or co-owners of properties owned and operated by a **Named Insured Member** with whom you have agreed in a written contract or written agreement that such person or organization be added as an additional **Insured** in your policy. Such person or organization is an **Insured** only with respect to their liability as lenders, investors mortgagee, assignee, receiver or co-owner and arising out of the ownership, maintenance, or use of properties owned or operated by a **Named Insured Member**.

Any person's or organization's status as an additional **Insured** under this endorsement ends when this policy terminates, the contract or agreement terminates, or the specified activity or operation terminates, whichever occurs first.

- B. The contract or agreement referred to in Paragraph A. above must:
1. Be in effect at the inception of the **Policy Period** or become effective during the **Policy Period**; and
 2. Have been executed prior to the **Bodily Injury, Property Damage, Personal Injury, and Advertising Injury** covered under this Coverage Part.
- C. The Limits Of Insurance applicable to the additional **Insured** are those specified in either the:
1. Written contract or written agreement; or
 2. The Each Occurrence Limit available to each **Named Insured Member** with whom the additional **Insured** has entered into by contract for this policy,

whichever is less. These Limits Of Insurance are subject to and not in addition to the Limits Of Insurance shown in the Declarations.

- D. The coverage provided by this endorsement to any additional **Insured** does NOT apply to any **Bodily Injury, Property Damage, Personal Injury, and Advertising Injury** arising out of the sole negligence of such additional **Insured**.
- E. Separation Of Insureds
- Except with respect to the Limits Of Insurance and any rights or duties specifically assigned in this Coverage Part to the first **Named Insured**, this insurance applies:
- a. As if each **Named Insured** were the only **Named Insured**; and
 - b. Separately to each **Insured** against whom **Claim** is made or **Suit** is brought.
- F. The coverage provided by this endorsement to the additional **Insured** shown in the above Schedule does NOT apply to any **Bodily Injury, Property Damage or Personal and Advertising Injury** arising out of the sole negligence of such additional **Insured**.
- G. Subject to the terms and conditions set forth above, this insurance is primary when you have agreed in a written contract, written agreement or written permit to include that additional **Insured**, shown in the Schedule, on your General Liability policy on a primary and/or non contributory basis. However, this insurance shall be excess when any other primary insurance available to you for damages to which this Coverage Part applies and the person or organization shown in the Schedule is a **Named Insured** under such other insurance.
- H. We will give 30 days written notice of cancellation before we remove the person or organization (the additional Insured) shown in the Schedule from this policy. Otherwise, this endorsement is effective on the date shown in the Schedule until the earlier of the following:
- a. The cancellation or termination date of the written contract or agreement between the Named Insured and the Person or Organization (the Additional Insured) shown in the Schedule;
 - b. The Cancellation or expiration date of this policy.

SCHEDULE – Additional Insureds

The person(s) or organization(s) shown in the Schedule below are additional **Insureds** as provided in, and subject to the terms and conditions of, Paragraphs A. through H. of this endorsement, but only with respect to their liability as lenders, investors mortgagee, assignee, receiver or co-owner and arising out of the ownership, maintenance, or use of the designed location shown in the Schedule below that is owned or operated by a **Named Insured Member**.

Person Or Organization (Additional Insured)

Designated Location

**As required by written contract
As your interests may appear**

Locations per certificate of insurance