



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2026

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 Arthur J. Gallagher Risk Management Services, LLC 950 Pacific Avenue Suite 830 Tacoma WA 98402	CONTACT NAME: Bobby Walpole PHONE (A/C. No. Ext): 425-586-1006 E-MAIL ADDRESS: Bobby.Walpole@ajg.com		FAX (A/C. No.): 253-572-1430
	INSURER(S) AFFORDING COVERAGE		
INSURED The Tulalip Tribes of Washington 6406 Marine Dr Tulalip, WA 98271	TULARES-01	INSURER A : Amerind Risk Management Corp	NAIC # 40045
		INSURER B : StarNet Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 268778148

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TG00000296-05	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PCA 9500526 - 14	7/1/2025	7/1/2026	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 \$			TG00000296-05	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
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	WC00000287-06	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$20,000,000 E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Tribal Officials & Management			TG00000296-05	7/1/2025	7/1/2026	Limit \$15,000,000
A	Misc. Errors & Omissions			TG00000298-05	7/1/2025	7/1/2026	Limit \$15,000,000
A	Cyber Liability			TG00000298-05	7/1/2025	7/1/2026	Limit \$1,000,000

APPROVED

By Stephanie Rousseau at 11:16 am, May 12, 2026

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

Snohomish County, its officers, officials, employees and agents are named as additional insured on General Liability Policy. Coverage is primary and non-contributory.

CERTIFICATE HOLDER**CANCELLATION**

Snohomish County
 3000 Rockefeller Ave M/S 709
 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

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Insurance | Risk Management | Consulting

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USA

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Named Insured List

Tulalip Tribes of Washington
6406 Marine Dr.
Tulalip, WA 98271

Named Insureds:

Quil Ceda Village
Consolidated Borough of Quil Ceda Village;
Tulalip of Washington dba: Tulalip Business Park
Tulalip Housing Limited Partnership #3
Tulalip Tribes Housing Department
Tulalip Foundation
Tulalip Health Systems
Qualco Energy (Qualco)
Tulalip Energy Corporation

Tulalip Tribal Federal Corporation dated 1935
Tulalip Tribal Federal Corporation, a Section 17 dated 2017
Tulalip Tribal Federal Corporation, a Section 17 dated 1936
Tulalip Market,
Marine Drive Gas Station
Tulalip Liquor Store,
North Sound Pacific Seafoods
Quil Ceda Creek Counseling Company
Tulalip Pharmacy / Tulalip Clinical Pharmacy – now LLC of TTFC, no board of its own.
Salish Networks, Inc. - certified Low voltage installer, data, fiber , coax, access control and cctv. – Now LLC

Tulalip Tribes of Washington Employee Health Plan
Tulalip Tribes of Washington Employee Retirement Plan
Tulalip Tribes Minors Trust 1993
Tulalip Tribes of Washington and its wholly or majority owned subsidiaries and any interest which may now exist or hereinafter be created or acquired which are owned

