



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/06/2023

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).

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|---|--|--|---------------|
| PRODUCER Aon Risk Services, Inc of Florida 701 Brickell Avenue Suite 3200 Miami FL 33131 USA | CONTACT NAME: PHONE (A/C. No. Ext): 8662837122 FAX (A/C. No.): (800) 363-0105 | | |
| | E-MAIL ADDRESS: | | |
| INSURED Alcohol Monitoring Systems, Inc. 1241 W Mineral Ave Ste 200 Littleton CO 80120-5687 USA | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Valley Forge Insurance Co | | 20508 |
| | INSURER B: Transportation Insurance Co. | | 20494 |
| | INSURER C: Evanston Insurance Company | | 35378 |
| | INSURER D: Underwriters At Lloyds London | | 15792 |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** 570102951680 **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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
|----------|---|--|----------|---------------------------------------|-------------------------|-------------------------|---|--|--|-----------------------------------|
| C | X COMMERCIAL GENERAL LIABILITY | | | MKLV3PPD002838 | 11/01/2023 | 11/01/2024 | EACH OCCURRENCE \$1,000,000 | | | |
| | X CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | MED EXP (Any one person) |
| | X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | | | PERSONAL & ADV INJURY \$1,000,000 |
| | OTHER: | | | | | | GENERAL AGGREGATE \$2,000,000 | | | |
| | | | | | | | PRODUCTS - COMP/OP AGG Included | | | |
| B | AUTOMOBILE LIABILITY | | | 7014842449 | 11/01/2023 | 11/01/2024 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 | | | |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | | | |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | | | |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | | | |
| C | X UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | | | MKLV3EUL103016 | 11/01/2023 | 11/01/2024 | EACH OCCURRENCE \$5,000,000 | | | |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | | AGGREGATE \$5,000,000 | | | |
| | X OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 7012277008 AOS 7012277025 CA | 11/01/2023 | 11/01/2024 | X PER STATUTE <input type="checkbox"/> OTHER | | | |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT \$1,000,000 | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE \$1,000,000 | | | |
| | | | | | | | E.L. DISEASE-POLICY LIMIT \$1,000,000 | | | |

APPROVED
By Diane Baer - Risk Management at 3:10 pm, Dec 07, 2023

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County, its officers, officials, employees and agents are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein is Primary and Non-contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Snohomish County 3000 Rockefeller Avenue Everett WA 98201 USA | 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>Aon Risk Services Inc. of Florida</i> |

Holder Identifier :

570102951680

Certificate No :





ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services, Inc of Florida | | NAMED INSURED Alcohol Monitoring Systems, Inc. | |
| POLICY NUMBER See Certificate Number: 570102951680 | | | |
| CARRIER See Certificate Number: 570102951680 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
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| INSURER | |

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------|-----------|----------|--|------------------------------------|-------------------------------------|-----------------|-------------|
| | EXCESS LIABILITY | | | | | | | |
| D | | | | B0621CLMGH000223 4Mxs5M Claims Made | 11/01/2023 | 11/01/2024 | Aggregate | \$4,000,000 |
| | | | | | | | Each Occurrence | \$4,000,000 |
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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY (INCLUDING PRODUCTS AND COMPLETED OPERATIONS LIABILITY) INSURANCE POLICY

In consideration of the premium paid, it is understood and agreed that the policy is amended as follows:

The Insured is amended to include any person or organization the Named Insured is required to include as an additional insured on this policy by a written contract or written agreement in effect during this Policy Period and executed prior to the Occurrence of the Bodily Injury or Property Damage, hereinafter referred to as Additional Insured.

Notwithstanding the foregoing, no contract manufacturer of the Named Insured and no ingredient or part supplier of the Named Insured shall be included as an Insured or Additional Insured pursuant to this endorsement.

The insurance provided to the Additional Insured is limited as follows:

1. The person or organization is only an Additional Insured with respect to liability arising solely out of the Products Hazard or Completed Operations Hazard as defined and as specified in the Declarations.
2. In the event that the limits of liability under this policy exceed the limits of insurance required by the written contract or written agreement, the insurance provided by this endorsement shall be limited to the limits of insurance required by the written contract or written agreement. This endorsement shall not increase the Limits of Liability stated in the Declarations.
3. This insurance does not apply to Bodily Injury or Property Damage arising out of the Products Hazard or Completed Operations Hazard as specified in the Declarations unless the Named Insured is required to provide such coverage by the written contract or written agreement but only for the period of time required by the written contract or written agreement and only for Bodily Injury or Property Damage, the entirety of which and the Occurrence causing such Bodily Injury and Property Damage happens during the Policy Period or on or after the Retroactive Date stated in the Declarations, arising out of the Products Hazard or Completed Operations Hazard as specified in the Declarations.
4. Any coverage provided by this endorsement to an Additional Insured shall be excess over any other valid and collectible insurance available to the Additional Insured whether primary, excess, contingent or on any other basis.
5. Where no coverage is afforded under this policy for the Named Insured, no coverage or defense shall be afforded to the Additional Insured.
6. This insurance does not apply to Bodily Injury or Property Damage arising out of the sole negligence of the Additional Insured.

All other terms and conditions remain unchanged.