

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/03/2024

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 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)

the terms and conditions of the policy certificate holder in lieu of such endors		•	• •	ndorse	ment. A stat	ement on th	is certificate does not co	onter r	ignts to the	
PRODUCER					CONTACT NAME: Karen M. Curreri					
Daniels Head Insurance Agency, Inc.					PHONE (A/C, No, Ext):(800) 848 7160 FAX (A/C, No):(760) 323 9352					
P.O. Box 1604				E-MAIL ADDRE	ss:karen@dl	nia.com				
Palm Springs, CA 92263-1604					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: AttPro RRG Reciprocal Risk Retention Grou				13795	
INSURED					INSURER B:					
Obsidian Law Offices, PLLC					INSURER C:					
200 Broadway					INSURER D :					
Ste 301					INSURER E :					
Seattle, WA 98122					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
							EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
CENTI ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$		
POLICY JÉČT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED							, , ,	\$		
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION\$							NOOKEONIE	\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE			
							E.L. DISEASE - POLICY LIMIT	\$		
5250 till 1161/01 01 2101/161/0 25:01								\$ 1,000	0,000	
Lawyers Professional Liability Insurance Policy			RLP003293	7/15/2023	7/15/2024		\$ 2,000			
							Deductible	\$ 1,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE For Lawyers Professional Liability Insurance	•		0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)			
CERTIFICATE HOLDER					CANCELLATION					
Snohomish County Office of Public Defense 3000 Rockefeller Ave M/S 209 Everett, WA 98201-4041					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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