



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2023

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).

<b>PRODUCER</b> Seattle - Alliant Insurance Services, Inc. 401 Union Street, 31st Floor Seattle WA 98101	<b>CONTACT NAME:</b> Jamie Arnoldi	
	<b>PHONE (A/C. No. Ext):</b> 949-627-7000	<b>FAX (A/C. No):</b>
<b>E-MAIL ADDRESS:</b> Jamie.Arnoldi@alliant.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Safety National Casualty Corpo		15105
<b>INSURED</b> City of Marysville 501 Delta Ave Marysville WA 98270-4234	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1092816769

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		XPR4067991	1/1/2023	1/1/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 SIR \$150,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		XPR4067991	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) \$ SIR \$150,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			XPR4067991	1/1/2023	1/1/2024	Each Occurrence \$1,000,000 Aggregate \$1,000,000 SIR \$150,000

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 included as Additional Insured. Coverage is primary and non-contributory.

**CERTIFICATE HOLDER****CANCELLATION**

Snohomish County  
 3000 Rockefeller Ave., M/S 407  
 Everett WA 98201-4046

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

Brian A. White

© 1988-2015 ACORD CORPORATION. All rights reserved.

# COMMON POLICY CHANGE ENDORSEMENT

**SAFETY NATIONAL CASUALTY CORP**  
 ST. LOUIS, MO 63146  
 (888) 995-5300

<b>Policy Number</b>	<b>Effective Date</b>
XPR4067991	09/14/2023
<b>Endorsement Number</b>	12:01 A.M. Standard Time at the described location
005	
<b>Named Insured and Address</b>	<b>Agent</b>
WASHINGTON PUBLIC ENTITY GROUP (WAPEG) 1420 FIFTH AVENUE, SUITE 1500 SEATTLE, WA 98101	ALLIANT INSURANCE SERVICES INC 1420 5TH AVENUE SUITE 1500 SEATTLE, WA 98101  Telephone:

## CHANGE DESCRIPTION

The following endorsement has been added:  
 PE 018 00 01 22 - Primary And Noncontributory - Other Insurance Condition

### Premium Changes

**This Premium does not include surcharges**

Additional	Return
\$0.00	\$0.00

### Surcharge Changes

Additional	Return
\$0.00	\$0.00



\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement may be used to modify insurance provided under the following:

- GENERAL LIABILITY COVERAGE PART
- AUTOMOBILE LIABILITY COVERAGE PART

**This endorsement does NOT extend insurance for any above Coverage Part if Item 3 of the Declarations for this Policy indicates “Not Covered” for such Coverage Part.**

### **SCHEDULE**

<b>Coverage Part(s) Modified By This Endorsement</b>
GENERAL LIABILITY COVERAGE PART AUTOMOBILE LIABILITY COVERAGE PART
<b>Description of person(s) or organization(s):</b>
Snohomish County Office of Recovery and Resilience 3000 Rockefeller Avenue M/S 407 Everett, WA 98201 Contract Number: CLFR-119b Contract Date: September 14, 2023

Solely with respect to those Coverage Part(s) listed in the **SCHEDULE**, Section **A. COMMON POLICY CONDITIONS**, Paragraph **12.** in the Common Policy Conditions, Exclusions and Definitions section of this policy is amended to include the following, and supersedes any provision to the contrary:

This insurance is primary to and will not seek contribution from any other insurance available to the additional insured shown in the **SCHEDULE** provided that:

- a.** The additional insured is a Named Insured under such other insurance; and
- b.** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.