



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2023

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 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 liqu of such endorsement(s)

ce	rtificate holder in lieu of such endors	seme	nt(s)						3	
	DUCER				CONTACT NAME:					
	gue Israel Giles Fourth Avenue, Suite 730				PHONE FAX (A/C, No, Ext): (A/C, No):					
Seattle, WA 98101-3225 John M. Policar					IL RESS:					
					PRODUCER CUSTOMER ID #: PAWS5-1					
					INSURER(S) AFFORDING COVERAGE					
INSUF	• • • • • • • • • • • • • • • • • • • •				INSURER A : Arch Specialty Ins. Co.					
	Society (PAWS)		INSU	INSURER B:						
PO Box 1037 Lynnwood, WA 98046				INSU	INSURER C: ***THIS CERTIFICATE SUPERSEDES					
Lymwood, wa 90040					INSURER D : ANY PREVIOUSLY ISSUED					
					INSURER E : CERTIFICATE ON FILE***					
				INSU	INSURER F:					
COV	/ERAGES CER	RTIFI	CATE	NUMBER:	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,										
	CLUSIONS AND CONDITIONS OF SUCH									
NSR LTR	TYPE OF INSURANCE		SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
T	GENERAL LIABILITY						EACH OCCURRENCE	\$	1.000.000	

E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GEN	IERAL LIABILITY			MKPK09581102	07/31/2022	07/31/2023	EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY	X	x				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
			А	DE	DOVED			PERSONAL & ADV INJURY	\$	1,000,000
			A	PF	PROVED			GENERAL AGGREGATE	\$	3,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:		Dian	ne Baer - Risk Management at 1	11:08 am. Ju	ın 05. 2023	PRODUCTS - COMP/OP AGG	\$	3,000,000
		POLICY PRO- JECT LOC	Ĺ		0	<u> </u>			\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
		NON-OWNED AUTOS							\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DEDUCTIBLE							\$	
		RETENTION \$							\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY			MKPK09581102	07/31/2022	07/31/2023	WC STATU- TORY LIMITS X OTH- ER		
Α	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	andatory in NH)		12	WA STOP GAP			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Snohomish County, its officers, elected officials, agents & employees are additional insured if required by written contact or agreement, subject to the General Liability additional insured provision endorsement. Insurance is Primary & Non Contributory

CERTIFICATE HOLDER	CANCELLATION
Snohomish County 3000 Rockefeller Ave. M/S 306	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Everett, WA 98201-4046	AUTHORIZED REPRESENTATIVE Jenney 1

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE EXTENSIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. Bail Bonds

Subparagraph 1.b. under Section I – Coverages, Supplementary Payments – Coverages A and B is amended to read as follows:

b. Up to \$3,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

2. Your Expenses

Subparagraph 1.d. under Section I – Coverages, Supplementary Payments – Coverages A and B is amended to read as follows:

d. All reasonable expenses incurred by the insured at our request to assist in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

3. Damage to Borrowed Equipment

Paragraph (4) of j. Damage to Property in 2. Exclusions under Section I – Coverages, Coverage A – Bodily Injury and Property Damage Liability is deleted with respect to equipment you borrow for use in your operations.

4. Additional Insured

The following are added to **Section II – Who Is An Insured**:

a. Persons or Organizations – As Required By Contract

Any person or organization when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- (1) Your ongoing operations for such person(s) or organization(s);
- (2) "Your products"; or
- (3) Your use or maintenance of a premises you own, rent, lease, occupy or otherwise use with the permission of the owner, except those premises you lease from person(s) or organization(s) for which paragraph 8.b. below applies.

b. Managers, Landlords or Lessors of Premises

Any person or organization from whom you lease premises when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person(s) or organization(s).

c. Lessors of Leased Equipment

Any person or organization from whom you lease equipment when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

Coverage provided to the person(s) or organization(s) included as an insured in subparagraphs **4.a.**, **4.b.**, and **4.c.** above only applies if the written contract or agreement identified in subparagraphs **4.a.**, **4.b.**, and **4.c.** above is executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

Coverage shall be primary and not contributory with respect to the person(s) or organization(s) included as an insured in subparagraphs **4.a.**, **4.b.**, and **4.c.** above. Any other insurance such person or organization has will be excess and not contributory with this insurance but this provision only applies if it is required in the written contract or agreement identified in subparagraphs **4.a.**, **4.b.**, and **4.c.** above.

5. Fellow Employee

Subparagraphs 2.a.(1)(a), 2.a.(1)(b) and 2.a.(1)(c) under Section II – Who Is An Insured are deleted with respect to "bodily injury".

6. Newly Formed or Acquired Organizations

Subparagraph 3.a under Section II – Who Is An Insured is deleted and replaced by the following:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

7. Damage to Premises Rented to You – Limit Amendment

Paragraph 6. under Section III - Limits of Insurance is amended to read as follows:

6. Subject to paragraph **5.** above, the most we will pay under Coverage **A** for damages because of "property damage" to any one premises while rented to you or temporarily occupied by you with the permission of the owner is \$1,000,000, unless a higher Damage to Premises Rented to You Limit is shown on the Declarations.

8. Medical Expense - Limit Amendment

Paragraph 7. under Section III – Limits of Insurance is amended to read as follows:

7. Subject to paragraph 5. above, the most we will pay under Coverage C for medical expenses because of "bodily injury" to any one person is \$10,000, unless a higher Medical Expense Limit is shown on the Declarations.

9. Duties in the Event of Occurrence, Offense, Claim, or Suit

The following subparagraph e. is added to 2. Duties in the Event of Occurrence, Offense, Claim, or Suit under Section IV – Commercial General Liability Conditions:

- **e.** Knowledge of any "occurrence", offense, claim, or "suit" will be deemed knowledge by you only when such "occurrence", offense, claim, or "suit" is known to:
 - (1) You, if you are an individual;
 - (2) Any partner, if you are a partnership;
 - (3) Any member, if you are a limited liability company;
 - (4) An executive officer or insurance manager if you are a corporation; or
 - (5) An "employee" or "volunteer worker" designated by you to give us notice of such "occurrence", offense, claim, or "suit".

10. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

11. Mental Anguish

Paragraph 3. under **Section V - Definitions** is deleted and replaced by the following:

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".