



BRIDCOO-01

CSAHNOW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2025

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 WAFD Insurance Group, Inc. WAFD Insurance Group PO Box 68 Mount Vernon, WA 98273 | CONTACT NAME: Cynthia Sahnaw | |
| | PHONE (A/C, No, Ext): (360) 424-4559 | FAX (A/C, No): (360) 424-7681 |
| | E-MAIL ADDRESS: cynthias@wafdinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Palms Specialty Insurance Company Inc | 17327 |
| INSURED Bridge Coordination Services LLC PO Box 2632 Stanwood, WA 98292 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE 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, 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: | X | | CSIPAHC0392-00 | 1/16/2025 | 1/16/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CSIPAHC0392-00 | 1/16/2025 | 1/16/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liabili | | | CSIPAHC0392-00 | 1/16/2025 | 1/16/2026 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability Limits - \$1,000,000 Each Claim- \$3,000,000 Aggregate

The certificate holder is an additional insured per form CSIP-PL-000-0076

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Snohomish County Sheriff's Office 3000 Rockefeller Ave, MS 606 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 <i>Cynthia Sahnaw</i> |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

(BLANKET CUSTOMERS/CLIENTS – DIRECT LIABILITY)

In consideration of the premium charged, it is agreed that the insurance provided by this Policy is extended to include as an Additional Insured any customer or client of the **NAMED INSURED** to whom or to which the **NAMED INSURED** is obligated by virtue of a written contract, or permit, to provide insurance such as is afforded by the terms of this Policy, but only with respect to the rendering or failure to render **PROFESSIONAL SERVICES**, for which coverage is provided by this Policy, by or on behalf of the **NAMED INSURED** or the facilities of, or used by the **NAMED INSURED** and then only to the extent of the coverage required by such contract or permit and for the limits of liability specified in such contract or permit, provided, however, this extension of coverage is solely for the direct liability of such customer or client. In no event is this extension of coverage for insurance not afforded by this Policy nor for limits of liability in excess of the applicable Limit of Liability of this Policy.

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (INDEPENDENT CONTRACTORS – BLANKET) ENDORSEMENT

In consideration of the premium charged, it is agreed that the insurance provided by this Policy is extended to include Independent Contractors of the **NAMED INSURED** as Additional Insureds but only as respects to the rendering or failure to render **PROFESSIONAL SERVICES** for which coverage is provided by this Policy and only to the extent the **WRONGFUL ACT** of any such Additional Insured took place in whole after the date on which such Additional Insured became an Independent Contractor of the **NAMED INSURED**.

It is further agreed if other insurance is available to the Additional Insured covering a **CLAIM** otherwise **INSURED** under this Policy, the **COMPANY** shall be excess thereto; save and except that this Policy shall not apply to and shall be null and void as to:

1. **PROFESSIONAL SERVICES** rendered, or which should have been rendered, prior to the effective date hereof for which other insurance exists to provide the **INSURED** any coverage for claims or liabilities resulting therefrom; or
2. **CLAIMS** or suits, first made within twelve (12) months from the date of cancellation by the **COMPANY**, arising from **PROFESSIONAL SERVICES** rendered, or which should have been rendered during the **POLICY PERIOD** prior to the date of cancellation, when there is other available insurance for such **CLAIM** or suit.

If collectible insurance under any other policy or policies of this **COMPANY** is available to the **INSURED**, covering a **CLAIM** also covered hereunder, the **COMPANY'S** total liability shall in no event exceed the greater or greatest limit of liability applicable to such **CLAIM** under this or any other such policy or policies.

All other terms and conditions of this Policy remain unchanged.