

We listen. We care. We act.

CERTIFICATE OF INSURANCE

Producer: Mainstreet Financial Services

2212 Queen Anne Ave. N, #371

Seattle, WA 98109

Insured: Hart Jarvis Murray Chang, PLLC

155 NE 100th Street Ste 210

Seattle, WA 98125

APPROVED

By Diane Baer - Risk Management at 11:53 am, Aug 11, 2023

Company Affording Coverage: AttPro RRG Reciprocal Risk Retention Group

Coverage

This is to certify that the policy of insurance listed below has 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 policy described here is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

Type of Insurance: Legal Professional Liability

Policy Number: RLP101037

Policy Effective Date: 6/19/2023
Policy Expiration Date: 6/19/2024
Per Claim Limit: \$1,000,000

Annual Aggregate Limit: \$1,000,000

Certificate Holder: Snohomish County

OPD

3000 Rockefeller Ave. M/S 209

Description of Operations: Professional legal services in the private practice of law.

Room 1-500

Everett, WA 98201

Cancellation

Should any of the above described policies be canceled before the expiration date, the issuing company will endeavor to mail written notice to the certificate holder named above but failure to mail such notice will impose no obligation or liability of any kind upon the company, its agents or representatives.

Date: July 5, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/05/2023

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

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). CONTACT NAME: PRODUCER PHONE (A/C, No, Ext): E-MAIL Hiscox Inc. FAX (A/C, No): (888) 202-3007 5 Concourse Parkway contact@hiscox.com ADDRESS: Suite 2150 INSURER(S) AFFORDING COVERAGE NAIC# Atlanta GA, 30328 10200 Hiscox Insurance Company Inc INSURER A : INSURED INSURER B : Hart, Jarvis, Murray, Chang, PLLC INSURER C: 155 NE 100th St Ste 210 INSURER D : **Building B** Seattle, WA 98125 INSURER E : INSURER F **CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR TYPE OF INSURANCE LIMITS **POLICY NUMBER** INSD WVD COMMERCIAL GENERAL LIABILITY X EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR \$ 100,000 MED EXP (Any one person) \$ 5,000 Y P100 361 510 10 06/30/2023 06/30/2024 A \$ 0 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. S OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) AUTOS \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH)
if yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER Snohomish County OPD SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 3000 Rockefeller Ave. M/S 209 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Room 1-500 Everett, WA 98201 AUTHORIZED REPRESENTATIVE

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Issuing Company: AttPro RRG Reciprocal Risk Retention Group

DECLARATIONS

NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Attaching To and Forming a Part of Policy No. :				Renewal Policy No. : RLP101037	
ITEM 1	NAMED INSURED: Hart Jarvis Murray Chang, PLLC ADDRESS: 155 NE 100th St Ste 201 Seattle, WA 98125-8007				
ITEM 2	PREDECESSOR FIRMS: Hart, Jarvis, Chang PLLC				
ITEM 3	POLICY PERIOD:	From 06/19/20	023 To 06/19/20	24	
	Both days at 12:01 a.m. at the mailing address of the Named Insured as shown here.				
ITEM 4	RETROACTIVE DATE: 06/19/2014				
	This insurance will not apply to any act, error, or omission which occurred prior to the date indicated here				
ITEM 5	LIMITS OF LIABILITY	Y:			
		PER CLAIM:	\$1,000,000		
		AGGREGATE:	\$1,000,000		
ITEM 6	DEDUCTIBLE:				
		PER CLAIM	\$10,000		
		AGGREGATE:	\$ N/A		
ITEM 7	ANNUAL PREMIUM:		\$7,675		
ITEM 8	POLICY FORM: ATY-0001-00-0122				
ITEM 9	ENDORSEMENT SCHEDULE:				
	FORM NO. ATY-0000-00-0116	ENDORSEMEN RRG Notice	IT NAME		
	ATY-1015-00-0122	Endorsement			
	ATY-1025-00-0116 ATY-9001-WA-0122	Cut Through Endorsement Washington Amendatory Endorsement			
ITEM 10	PRODUCER: Daniels-Head Insurance Agency Inc				
	Po Box 160730				
	Austin, TX 78716-0730				
ITEM 11	IF YOU HAVE QUESTION	NS, PLEASE CALL: 1	-877-728 - 8776		

IN WITNESS WHEREOF, AttPro RRG Reciprocal Risk Retention Group has caused this Policy to be signed by its President and Secretary of MedPro Risk Retention Services, Inc., Attorney in Fact for AttPro RRG Reciprocal Risk Retention Group.

Timery of Revenue

Secretary