

### CERTIFICATE OF LIABILITY INSURANCE

**BREYNOLDS** 

DATE (MM/DD/YYYY) 8/15/2023

**G&HINTE-01** 

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 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	CONTACT NAME:					
Business Benefits Group 4023 Chain Bridge Rd	PHONE (A/C, No, Ext): (844) 201-3612	FAX (A/C, No): (703) 766-0202				
Fairfax, VA 22030	E-MAIL ADDRESS: Certificates@bbgbroker.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Sentinel Insurance Company					
INSURED	INSURER B: Hartford Insurance Group	29424				
G&H International Service, Inc	INSURER C: Capitol Specialty Insurance	10328				
1104 W Broad St #1139	INSURER D :					
Falls Church, VA 22046	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	EXCLUSIONS AND CONDITIONS OF SUCH			SUBR	SUBR	LSUBR	SUBR	LSUBR		POLICY EFF	POLICY EXP			
A		COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000				
		CLAIMS-MADE X OCCUR			42SBAUH4692	3/1/2023	3/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000				
								MED EXP (Any one person)	\$	10,000				
								PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000				
	F	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000				
		OTHER:							\$					
Α	AUTO	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
		ANY AUTO			42SBAUH4692	3/1/2023	3/1/2024	BODILY INJURY (Per person)	\$					
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$					
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
									\$					
	ι	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$					
	E	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$					
		DED RETENTION \$							\$					
В	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N			42WECAJ6F6G			X PER OTH- STATUTE ER							
			N/A		42WECAJ6F6G	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000				
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000				
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000				
С	Prof.	Errors & Omiss			SGC0007007-07	3/1/2023	3/1/2024	Per Claim/Agg		2,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## **APPROVED**

By Snohomish County Risk Mngt (S.Barker) at 8:18 am, Aug 31, 2023

CERTIFICATE HOLDER	CANCELLATION		
Snohomish County 3000 Rockefeller Ave 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  Books Reguested		



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

## **POLICY CHANGE**

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 42 SBA UH4692 SA

Named Insured and Mailing Address; G&H INTERNATIONAL SERVICE INC

1104 W BROAD ST 1139

FALLS CHURCH VA 22046

Policy Change Effective Date: 08/29/23 Effective hour is the same as stated in the

**Declarations Page of the Policy.** 

Policy Change Number: 002

Agent Name: BUSINESS BENEFITS GROUP

**Code:** 641090

**POLICY CHANGES:** 

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT.IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.

THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS ARE ADDED

COMPUTERS AND MEDIA COVERAGE FORM SS 04 41

DEDUCTIBLE: \$ 1,000

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

 Form SS 12 11 04 05 T
 Page 001 (CONTINUED ON NEXT PAGE)

 Process Date: 08/30/23
 Policy Effective Date: 03/01/23

Policy Expiration Date: 03/01/24

# **POLICY CHANGE (Continued)**

Policy Number: 42 SBA UH4692

**Policy Change Number: 002** 

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

ADDITIONAL INSURED(S) ARE ADDED

THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN

THIS POLICY.

LOCATION 001 BUILDING 001

MANAGER/LESSOR: SEE FORM IH 12 00

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - MANAGER/LESSOR

Form SS 12 11 04 05 T Process Date: 08/30/23

Policy Effective Date: 03/01/23
Policy Expiration Date: 03/01/24

POLICY NUMBER: 42 SBA UH4692



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

ADDITIONAL INSURED - MANAGER/LESSOR

LOC 001 BLDG 001 SNOHOMISH COUNTY 3000 ROCKEFELLER AVE EVERETT, WA 98201

Form IH 12 00 11 85 T SEQ. NO. 002 Printed in U.S.A. Page 001

Process Date: 08/30/23 Expiration Date: 03/01/24