



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2022

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. 1420 Fifth Avenue, Suite 1500 Seattle WA 98101	<b>CONTACT NAME:</b> Vicki Holaday <b>PHONE (A/C No. Ext):</b> 206-204-9138 <b>E-MAIL ADDRESS:</b> vholaday@alliant.com		<b>FAX (A/C, No):</b> 206-204-9205
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Port of Everett PO Box 538 Everett WA 98206	PORTOFE-01	<b>INSURER A :</b> Liberty Mutual Insurance Compa	<b>NAIC #</b> 23043
		<b>INSURER B :</b> Philadelphia Indemnity Insuran	18058
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2073181013

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$25,000 Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Port	Y		SFAA1008009	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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			PHPK2472521	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SFAA1008009	10/1/2022	10/1/2023	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: The Agreement for Grant. Snohomish County, its officers, officials, employees and agents are included as an Additional Insured. Coverage is primary and non-contributory.

**APPROVED**

By Snohomish County Risk Mngt (S.Barker) at 12:13 pm, Dec 02, 2022

**CERTIFICATE HOLDER****CANCELLATION**

Snohomish County 3000 Rockefeller Avenue 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>Brian A. White</i>

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## **PERSONS OR ENTITIES INSURED**

- (A) The Named Insured and/or subsidiary, associated affiliate companies or owned and controlled companies, as now or hereafter constituted and, their duly elected and appointed officials, commissioners, officers, employees and volunteers while working for and on behalf of the Port if the Named Insured is designated in Item 1 of the Declarations.
- (B) Any officers, commissioners, stockholders, partners, or employees of the Named Insured, while acting in his capacity as such, and any organization or proprietor with respect to real estate management for the Named Insured;
- (C) Any person, organization, trustee or estate to whom the Named Insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by the Policy, but only to the extent of such obligation and in respect of operations by or on behalf of the Named Insured or of facilities of the Named Insured or of facilities used by the Named Insured;
- (D) With respect to the operation of mobile equipment, whether licensed or unlicensed, an employee of the Named Insured while operating any such equipment in the course of his employment and/or any other person while operating any such equipment with the permission of the Named Insured;
- (E) Any Additional Insureds, solely, however, with respect to their interest in premises and/or operations, and/or activities of the Insured and Insureds hereunder, but this provision shall not operate to increase the limit of liability of this Policy.

This policy shall apply separately to each Named Insured hereunder in the same manner as if separate policies had been issued to each, but this shall not operate to increase Underwriter's limit of liability for each occurrence as stated herein.

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<b>Effective Date:</b>	October 1, 2022
<b>Policy Number:</b>	SFAA10O8009
<b>Issued To:</b>	AMERICAN PORTS INSURANCE PROGRAM RISK PURCHASING GROUP

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

**PRIMARY COVERAGE FOR PERSONS OR ORGANIZATIONS  
NAMED AS ADDITIONAL INSUREDS**

This endorsement modifies insurance provided under the following

**SPECIAL LIABILITY POLICY FOR PORTS**

The following paragraph is added to Persons or Entities Insured to comply with insurance requirements of written contracts relative to the performance of your operations for the additional insureds:

This insurance is primary over any similar insurance available to any individual or entity named as an additional insured where required by written contract or agreement. However, this insurance is primary over the other similar insurance only if the additional insured is designated as an insured in the Declarations of the other similar insurance. We will not require contribution of limits from the other similar insurance if the insurance afforded by this endorsement is primary.

This insurance is excess over any other valid and collectible insurance, whether primary, excess, contingent or on any other basis, if it is not primary as defined in the paragraph above.

All other terms and conditions of the policy are the same.