

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2025

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).

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PRODUCER					CONTACT NAME: Trust Risk Management Services, Inc				
Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674				PHONE FAX					
				(A/C, No, Ext): 877.637.9700 (A/C, No): 877.251.5111  EMAIL					
				ADDRESS: info@trustrms.com					
				INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company				NAIC # 22667	
INSURED				• •				22007	
LEPS-PSS, PLLC				INSURER B: INSURER C:					
20818 44Th Ave W Ste 150				INSURER D:					
Lynnwood, WA 98036-7734				INSURER E:					
				INSURER F:					
COVERAGES CE	RTIF	RTIFICATE 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 I ADDL			OF SUCH POLICIES.	LIMITS SF	OWN MAY HAY POLICY EFF	VE BEEN REDI	JCED BY PAID CLAIMS.		
LTR TYPE OF INSURANCE	INSR		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
CLAIMS MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	, \$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
POLICY PRO- JECT LOC							PRODUCTS-COMP/OP AG	iG <sup>\$</sup>	
OTHER:									
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per Perso	n) \$	
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accid	ent \$	
NON-OWNED						-	PROPERTY DAMAGE	\$	
AUTOS							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
								\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								Ф	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY			01/50				PER 01 STATUTE ER	H- \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE			OVED				E.L.EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Diane Ra		aer - Risk Manage	omont o	2:02 nm O	ct 08 2025	E.L. DISEASE-EA EMPLOY		
If yes, describe under DESCRIPTION OF OPERATIONS below	Diai	ie De	aer - Kisk Mariay	emem a	i 3.03 piii, O	1 00, 2025	E.L. DISEASE - POLICY LIN	<b>и</b> ІТ <sup>\$</sup>	
A Psychologist's Professional Liability	Υ		88G28740360		11/20/2024	11/20/2025	Each Incident \$1,000,000 Annual \$3,000,000 Aggregate		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER C					CANCELLATION				
Additional Insured Snohomish County Sheriff's Office 3000 Rockefeller Ave Everett, WA 98201				BEFOR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				AUTHO	AUTHORIZED REPRESENTATIVE  Speila bea				