

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2023

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.									
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	<i>.</i>					
MARSH USA LLC.			NAME: PHONE FAX						
1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534			(A/C, No): E-MAIL						
			ADDRESS:						
			INSURER(S) AFFORDING COVERAGE				NAIC # 25623		
CN142210013-E&O-GAUW-23-24			INSURER A : The Phoenix Insurance Company						
INSURED INTRADO LIFE & SAFETY INC			INSURER B : Travelers Property Casualty Company Of America				25674		
1601 DRY CREEK DR #250			INSURER C : Travelers Casualty Insurance Company Of America				19046		
LONGMONT, CO 80503			INSURER D : Arch Specialty Insurance Company				21199		
			INSURER E :						
			INSURER F :						
		NUMBER:	SEA-003945431-01 REVISION NUMBER: 11						
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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;			
		H-630-2W959583-PHX-23	01/31/2023	01/31/2024		\$	1,000,000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
					MED EXP (Any one person)	\$	10,000		
					PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000		
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000		
OTHER:						\$			
B AUTOMOBILE LIABILITY		BA-2W975257-23-I3-G	01/31/2023	01/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
X ANY AUTO					· · · · · · · · · · · · · · · · · · ·	\$			
X OWNED X SCHEDULED					BODILY INJURY (Per accident)	\$			
HIRED X NON-OWNED					PROPERTY DAMAGE	\$			
					(Per accident)	\$			
B X UMBRELLA LIAB X OCCUR		CUP-2W975374	01/31/2023	01/31/2024			5,000,000		
			01/31/2023	0110112021		\$	5.000.000		
CLAIMS-MADE						\$	3,000,000		
DED X RETENTION \$ 10,000 C WORKERS COMPENSATION		UB-2W975269-23-I3-G	01/31/2023	01/31/2024		\$			
AND EMPLOYERS' LIABILITY Y / N		00 20110207 2010 0		0 110 11202 1	STATUTE ER		1 000 000		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	1,000,000		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
DÉSCRIPTION OF OPERATIONS below						\$	1,000,000		
D Cyber/Professional Liability		NPL0068649-00	01/31/2023	01/31/2024	Limit		1,000,000		
(Errors & Omissions)					Deductible: \$2,500,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Snohomish County is/are included as additional insured (except workers' compensation and Cyber / Professional liability) where required by written contract.									
CERTIFICATE HOLDER									
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 REPRESE	NIAIIVE					
					Marsh USA _	11	9		

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AGENCY CUSTOMER ID: CN142210013

LOC #: Denver



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC.	NAMED INSURED INTRADO LIFE & SAFETY INC 1601 DRY CREEK DR #250 LONGMONT, CO 80503					
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Name Insured: Intrado Life & Safety Solutions Corp. Intrado Life & Safety Canada, Inc. Intrado Safety Communications, Inc. West Command Systems, Inc. Intrado Safety Communications of Virginia, Inc.