



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/26/2022

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> Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Microsoft Corporation Attn: Risk Management One Microsoft Way Redmond WA 98052-6399 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> AIU Insurance Company		19399
	<b>INSURER B:</b> National Union Fire Ins Co of Pittsburgh		19445
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570092838629      **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LO OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
A	<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	N/A	WC16393273 AOS SIR applies per policy terms & conditions WC16393271 CA	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH E.L. EACH ACCIDENT    \$2,000,000 E.L. DISEASE-EA EMPLOYEE    \$2,000,000 E.L. DISEASE-POLICY LIMIT    \$2,000,000
B	Excess WC			WC1647281 WA SIR applies per policy terms & conditions	07/01/2021	07/01/2022	EL Each Accident    \$2,000,000 EL Disease - Ea Emp    \$2,000,000

APPROVED  
 By Snohomish County Risk Mngt (S.Barker) at 9:55 am, Apr 27, 2022


570092838629

Certificate No :

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Evidence of Insurance only, this certificate may not be altered in any way.

RE: Microsoft Agreement, Premises Location: 3000 Rockerfeller Avenue MS709, Everett, WA 98201.

A Waiver of Subrogation is granted in favor of Snohomish County in accordance with the policy provisions of the Workers' Compensation policy. The above referenced Excess WC Policy includes Stop Gap Coverage for the State of WA.

<b>CERTIFICATE HOLDER</b>  Snohomish County 3000 Rockerfeller Avenue MS709 Everett WA 98201 USA	<b>CANCELLATION</b>  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  
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Microsoft Corporation	
POLICY NUMBER See Certificate Number: 570092838629			
CARRIER See Certificate Number: 570092838629	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
A		N/A		WC16393274 NY	07/01/2021	07/01/2022	
A		N/A		WC016393272 WI	07/01/2021	07/01/2022	



## CERTIFICATE OF SELF-INSURANCE

April 26, 2022

Snohomish County  
3000 Rockerfeller Avenue MS709  
Everett, WA 98201

RE: Microsoft Agreement, Premises Location: 3000 Rockerfeller Avenue MS709, Everett, WA 98201.

To Whom It May Concern:

Microsoft relies on its global risk financing program rather than purchase the insurance required in the above Agreement. Therefore, this letter is to guarantee those insurance obligations as respects to our service agreement. Further, Microsoft will comply with all terms and conditions in the Agreement in the same manner as if a standard General Liability and Professional Liability/Technology E&O policies was in place with Microsoft as the insured. The Microsoft Corporation extends protection afforded via this guarantee to Snohomish County, its officers, elected officials, agents and employees as respects to the above referenced agreement.

This financial guarantee provides General Liability (Bodily Injury and Property Damage) in the amount of \$1,000,000 per occurrence, \$2,000,000 aggregate and Professional Liability/Technology E&O in the amount of \$2,000,000. Should you have any questions or concerns, please contact [certs@microsoft.com](mailto:certs@microsoft.com).

Yours truly,

A handwritten signature in black ink, appearing to read "B. Warren", with a long horizontal stroke extending to the right.

Brian Warren  
Director – Risk Management