

CERTIFICATE OF LIABILITY INSURANCE

Issue Date 2/12/2021

ISSUED BY:

State of Washington
 Department of Enterprise Services
 Office of Risk Management
 PO Box 41466
 Olympia, WA 98504-1466

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE STATE OF WASHINGTON SELF INSURANCE LIABILITY PROGRAM.

COVERAGE AFFORDED BY

State of Washington Self Insurance Liability Program

INSURED:

State of Washington
 Everett Community College
 ATTN: Babette Babich
 2000 Tower Street, MS 30
 Everett, WA 98201

THE STATE OF WASHINGTON, INCLUDING ALL ITS AGENCIES AND DEPARTMENTS, IS SELF-INSURED FOR TORT LIABILITY CLAIMS. ALL CLAIMS MUST BE FILED WITH THE STATE OFFICE OF RISK MANAGEMENT FOR PROCESSING IN ACCORD WITH STATUTORY REQUIREMENTS.

COVERAGES

THIS IS TO CERTIFY COVERAGE DESCRIBED BELOW IS PROVIDED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE SELF-INSURANCE LIABILITY PROGRAM IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH PROGRAM.

TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE COVERAGE	Self-Insured	Continuous	Continuous	BODILY INJURY, PROPERTY DAMAGE & PERSONAL INJURY COMBINED EACH OCCURRENCE \$5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED EACH ACCIDENT \$5,000,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	L & I	Continuous	Continuous	WC – STATUTORY
OTHER				

APPROVED

By Diane Baer - Risk Management at 2:16 pm, Feb 19, 2021

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Coverage applies as respects tort liability claims against the State of Washington as covered by the Tort Claims Act (RCW 4.92 et seq.) The Certificate Holder is named as additional insured, but only as respects the negligence of the State of Washington.

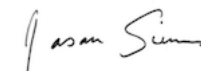
CERTIFICATE HOLDER:

SNOHOMISH COUNTY
 ATTN: HSD CONTRACTS
 3000 ROCKEFELLER AVENUE, MS 305
 EVERETT, WA 98201

CANCELLATION

SHOULD THE SELF INSURANCE LIABILITY PROGRAM BE CANCELLED, THE STATE OF WASHINGTON WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY UPON THE STATE OF WASHINGTON, ITS OFFICIALS, EMPLOYEES, AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:



Jason Siems, State Risk Manager

CERTIFICATE NUMBER CRT 2021-00159

APPROVED

By Snohomish County Risk Mgmt (DBaer) at 4:42 pm, Aug 29, 2016

CERTIFICATE OF LIABILITY INSURANCE

Issue Date 8/26/2016

ISSUED BY:

State of Washington
Department of Enterprise Services
Office of Risk Management
PO Box 41466
Olympia WA 98504-1466

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY	L & I 52WEGE1229	Continuous 6/30/16	Continuous 6/30/17	WC - STATUTORY EL - \$1,000,000 - per Accident/\$1,000,000 Disease per Policy/\$1,000,000 Disease per Employee
OTHER				

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EVERETT, WA 98201

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AUTHORIZED REPRESENTATIVE:


Jason Siems, State Risk Manager

CERTIFICATE NUMBER CRT 17-121

Campbell, Melynda (DES)

From: CertificateInsuranceForm1@ofm.wa.gov
Sent: Thursday, August 25, 2016 3:48 PM
To: OFM CI
Subject: CertificateInsuranceForm1

YOUR AGENCY: Everett Community College

YOUR NAME: Babette Babich

YOUR PHONE: 425-259-8788

YOUR EMAIL: bbabich@everettcc.edu

OUTSIDE ENTITY: Snohomish County

ATTN NAME: HSD Contracts

CERTIFICATE HOLDER E-MAIL: HSD.Contracts@snoco.org

CERTIFICATE HOLDER FAX:

CERTIFICATE HOLDER ADDRESS: 3000 Rockefeller Ave, M/S 305

CERTIFICATE HOLDER CITY: Everett

CERTIFICATE HOLDER STATE: WA

CERTIFICATE HOLDER ZIP: 98201

CERTIFICATE HOLDER REASON: Needed to receive ECEAP (Early Childhood Ed and Asst Program)

AGREEMENT: YES

MAILING NAME:

MAILING ADDRESS:

MAILING CITY:

MAILING STATE:

MAILING ZIP:

OTHER INSTRUCTIONS: Copy to: Kristina Sauncaucie at KSauncaucie@everettcc.edu