August 24, 2023

Snohomish County its officers, officials, employees and 3000 ROCKEFELLER AVE EVERETT WA 98201

## **Account Information:**

Policy Holder Details : AMERICAN PLATFORM SERVICES, LLC. DBA THERECORDXCHANGE

Contact Us

**Need Help?** 

Chat online or call us at (866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/24/2023

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 be endorsed. If SUBROGATIONIS 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						
CBIZ INSURANCE SERVICES 37330068 The Hartford Business Service (		NAME: PHONE (A/C, No, Ext):	(866) 467-8730	FAX (A/C, No):				
3600 Wiseman Blvd		E-MAIL ADDRESS:						
San Antonio, TX 78251			INSURER(S) AFFORDING COVERAGE		NAIC#			
INSURED		INSURER A:	Sentinel Insurance Company Ltd.		11000			
AMERICAN PLATFORM SERVI	ICES, LLC. DBA	INSURER B :						
THERECORDXCHANGE 4543 E ONYX AVE		INSUFER D	PROVED					
PHOENIX AZ 85028-4206		INSUF EK D.	PHOVED					
		INSUF EBy Sno	, Aug 29, 2023					
		INSURER F .						
COVERAGES	CERTIFICATE 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 OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X General Liability  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- OTHER:	X		37 SBA AR9202	02/12/2023	02/12/2024	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$1,000,000 \$1,000,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000
Α	AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS  X AUTOS  X AUTOS  X AUTOS			37 SBA AR9202	02/12/2023	02/12/2024	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$1,000,000
Α	X UMBRELLA LIAB X OCCUR CLAIMS-MADE  DED X RETENTION \$ 10,000			37 SBA AR9202	02/12/2023	02/12/2024	EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER   OTH-   STATUTE   ER     E.L. EACH ACCIDENT     E.L. DISEASE - EA EMPLOYEE     E.L. DISEASE - POLICY LIMIT	
A	FAILSAFE TECHNOLOGY E OR O CRIPTION OF OPERATIONS / LOCATIONS / V	(FUICI F	TS (ACO)	37 SBA AR9202	02/12/2023	02/12/2024	Each Glitch Aggregate	\$1,000,000 \$2,000,000

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
Snohomish County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
its officers, officials, employees and	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
3000 ROCKEFELLER AVE	IN ACCORDANCE WITH THE POLICY PROVISIONS.
EVERETT WA 98201	AUTHORIZED REPRESENTATIVE
	Sugan S. Castaneda

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

ADDITIONAL INSURED - PERSON-ORGANIZATION

SNOHOMISH COUNTY, ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS 3000 ROCKEFELLER AVE EVERETT, WA 98201



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2023

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.

PROPRIES PO Box 33015 PO Box 33		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).									
BIZENSING LLCPHS POR 80X 33015 Waint Creek, CA 94597  NOUNCED American Platform Services DBA TheRecordXchange 7500 E Cray Rd Sullie 202 Scotisdale, AZ 80280  ROUBER 1: Hartford Fire Insurance Company 1 19892 ROUBER 1: NOUNCER 1: NO	9					CONTACT Devil District					
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PERSONAL & ADV INJURY   S		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
GENT AGGREGATE LIMIT APPLIES PER: POLICY BET LOC POLICY BET LOC POLICY SCOMPOPAGG \$ PRODUCTS: COMPOPAGG \$ PROD									MED EXP (Any one person)	\$	
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UMBRELLA LIAB   OCCUR   EXCESS LIAB   CLAIMS-MADE   DED   RETENTIONS   S		HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
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