

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/13/2023

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).

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PRODUCER LIC #0437153	1-212-948-1306	CONTACT NAME:		_	
Marsh Risk & Insurance Services		PHONE		FAX (A/C, No): 1-212-948	-1306
CIRTS_Support@jacobs.com		(A/C, No, Ext): E-MAIL		(A/C, No): 1-212-340	-1300
633 W. Fifth Street		ADDRESS:			
			INSURER(S) AFFORDING COVERAGE	ı	NAIC#
Los Angeles, CA 90071		INSURER A :	ACE AMER INS CO	226	57
INSURED		INSURER B :			
Jacobs Engineering Group Inc	··	INSURER C :			
C/O Global Risk Management		INSURER D :	APPROVED		
555 South Flower Street, Sui	ite 3200	INSURER E :			
Los Angeles, CA 90071		INSURER F:	By Snohomish County Risk Mngt (S	S.Barker) at 1:49 pm, Ju	ıl 24, 2023
COVERAGES	CERTIFICATE NUMBER: 69282610		REVISION NU	MBER:	

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.

E.	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	х	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			HDO G47339273	07/01/23	07/01/24	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000
	х	CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 5,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
A	AU.	OTHER:  TOMOBILE LIABILITY			ISA H10736262	07/01/23	07/01/24	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	х	ANY AUTO						BODILY INJURY (Per person)	\$
	_	OWNED SCHEDULED AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
		AUTOS ONLY AUTOS ONLY						(Per accident)	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
A		DED   RETENTION \$ RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N			WLR C50711481 STOP-GAP C	007/01/23	07/01/24	PER X OTH- STATUTE ER	\$
	OFF (Mai	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? Indatory in NH)	N/A					E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	PRO	OFESSIONAL LIABILITY			EON G21655065 014	07/01/23	07/01/24	PER CLAIM/PER AGG	5,000,000
A	If ye DES	s, describe under CRIPTION OF OPERATIONS below			EON G21655065 014	07/01/23	07/01/24	E.L. DISEASE - POLICY LIMIT	\$ 1,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROJECT MGR: Kevin Cooley. CONTRACT MGR: Pauline Kellum. RE: Taxilane Echo (PH 2) Engineering Services. CONTRACT NUMBER: 23-005BC. CONTRACT END DATE: 2025-12-31. SECTOR: Public. Snohomish County Airport, its officers, officials, employees and agents are added as an additional insured for general liability & auto liability as respects the negligence of the insured in the performance of insured's services to cert holder under contract for captioned work. Coverage is primary and certificate holder's insurance is excess and non-contributory. General Liability coverage includes the severability of interests/Cross Suits Liability provision in favor of the holder. \*THE TERMS, CONDITIONS, AND LIMITS PROVIDED UNDER THIS CERTIFICATE OF INSURANCE WILL NOT EXCEED OR BROADEN IN ANY WAY THE TERMS, CONDITIONS, AND

CERTIFICATE HOLDER	CANCELLATION
Snohomish County Airport	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10108 32nd Ave	AUTHORIZED REPRESENTATIVE
Everett, WA 98204	A Start

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# DATE SUPPLEMENT TO CERTIFICATE OF INSURANCE 07/13/2023 NAME OF INSURED: Jacobs Engineering Group Inc. LIMITS AGREED TO UNDER THE APPLICABLE CONTRACT.\*

# **ADDITIONAL INSURED - AUTOMATIC STATUS**

Named Insured	Jacobs Solutions Inc.	Endorsement Number			
Policy Symbol HDO	Policy Number G47339273	Policy Period 07/01/2023 TO 07/01/2024	Effective Date of Endorsement		
Issued By (Name of Insurance Company) ACE American Insurance Company					

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

# THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

# **SCHEDULE**

Name of Person or Organization: Any person or organization for whom any Named Insured is required by written contract or agreement to provide insurance, entered into prior to the loss, where such written contract or agreement does not expressly identify a particular Insurance Service Organization Form to be applied to their additional insured status.

Who Is An Insured (Section II) includes as an additional insured the person or organization shown in the Schedule, but the insurance shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of the coverage and/or limits required by said contract or agreement; and, if such additional insured's scope of coverage is not expressly stated in such contract or agreement, then such coverage is limited to the additional insured's vicarious liability to the extent directly caused by the Named Insured's negligence during the Named Insured's ongoing operations. This insurance shall be primary insurance to the extent required by said contract or agreement, and any other insurance or self-insurance maintained by such person or organization shall be noncontributory with the insurance provided hereunder to the extent specified in said contract agreement.

Where the contract or agreement provides that the additional insured's scope of coverage is for the Named Insured's indemnity obligations under such contract or agreement, then such coverage shall be limited to the extent such indemnity obligations are enforceable under applicable law.

Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of coverage required by said contract or agreement

Notwithstanding anything to the contrary, the coverage provided an additional insured under this endorsement shall be limited to the minimum coverage limits required to be provided by the Named Insured under the written contract or agreement.

# ADDITIONAL INSURED - DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured	Jacobs Solutions Inc.	Endorsement Number			
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement		
ISA	H10736262	07/01/2023 TO 07/01/2024			
Issued By (Name of Insurance Company)					
ACE American Insurance Company					

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

# THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

### **BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.-Project and/or Contract: All projects and/or contracts where you perform work for such additional insured pursuant to any such written contract.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
  - 1. You.
  - 2. Any of your "employees" or agents.
  - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.
- C. With respect to the insurance afforded to these additional insureds, the following applies:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

If such additional insured's scope of coverage is not expressly stated in a contract or agreement, then such coverage is limited to the additional insured's vicarious liability to the extent directly caused by the Named Insured's negligence during the Named Insureds ongoing operations. This insurance shall be primary insurance to the extent required by said contract or agreement, and any other insurance or self-insurance maintained by such person or organization shall be noncontributory with the insurance provided hereunder to the extent specified in said contract agreement.

Where the contract or agreement provides that the additional insured's scope of coverage is for the named insured's indemnity obligations under such contract or agreement, then such coverage shall be limited to the extent such indemnity obligations are enforceable under applicable law.

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