



# CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>
Snohomish County Executive Office  3000 Rockefeller Avenue Everett, Washington 98201	MDB Insight Inc. 993 Princess Street, #201  Kingston, Ontario K7L 1H3

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Operations: Economic and Workforce Development Consultants  
PROJECT: Workforce Development Action Plan

Snohomish County, its officers, officials, employees and agents are to be added as additional insureds with respect to liability arising out of activities performed by or on behalf of insured and only with respect to Commercial General Liability coverage.

**4. COVERAGES**

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 requirements, terms or conditions 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**

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input checked="" type="checkbox"/> Employer's Liability <input checked="" type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input checked="" type="checkbox"/> Employee Benefits E&O <input type="checkbox"/>	Royal & Sun Alliance Insurance Company - AM Best Rating A  BINDER - 24012	2021/ 4 / 2	2022/ 4 / 2	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability		5,000,000
				Medical Payments		50,000
				Tenants Legal Liability		750,000
				Pollution Liability Extension		
				Employee Benefits E&O		1,000,000
<input checked="" type="checkbox"/> Non-Owned Automobiles	BINDER - 24012	2021/ 4 / 2	2022/ 4 / 2	Non-Owned Automobile		5,000,000
<input checked="" type="checkbox"/> Hired Automobiles	BINDER - 24012	2021/ 4 / 2	2022/ 4 / 2	Hired Automobiles	1,000	50,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				Bodily Injury and Property Damage Combined		
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial general Liability - but only with respect to the operations of the Named Insured)
Ferrari & Associates Insurance 7675 Highway 27, Unit #20 Vaughan, Ontario L4L 4M5  BROKER CLIENT ID: MDB001	Snohomish County, its officers, officials, employees and agents  3000 Rockefeller Avenue Everett, Washington 98201

**8. CERTIFICATE AUTHORIZATION**

Issuer	Ferrari & Associates Insurance	Contact Number(s)	
Authorized Representative	Amanda Courtney	Type	No
Signature of Authorized Representative		Type Phone	No (905) 856-9199
Date	2021   3   30	Type Fax	No (905) 856-9133
		EEmail Address	acourtney@ferrariinsurance.ca