




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/11/2022

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 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).

PRODUCER Tony Brooks Insurance Agency Inc 12001 Pacific Ave S Ste 103 Tacoma, WA 98444 	CONTACT NAME: Tony Brooks PHONE (A/C, No, Ext): 253-537-1444 FAX (A/C, No): 253-539-2439 E-MAIL ADDRESS: tony.brooks.lxn3@statefarm.com PRODUCER CUSTOMER ID #:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B : State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B : State Farm Mutual Automobile Insurance Company	25178	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED Gordon, Thomas, Honeywell Governmental Affairs PO Box 1677 Tacoma, WA 98401															

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	98-GY-1097-9	11/20/2021	11/20/2022	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
		<input type="checkbox"/>	<input type="checkbox"/>				MED EXP (Any one person)	\$ 5,000
		<input type="checkbox"/>	<input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 100,000
		<input type="checkbox"/>	<input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/>	<input type="checkbox"/>					\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> ENOL Auto	<input type="checkbox"/>	<input type="checkbox"/>	378 6064-A08-47	07/08/2022	07/08/2023	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
		<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/>	<input type="checkbox"/>					\$
		<input type="checkbox"/>	<input type="checkbox"/>				Combined Single Limit	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	98-B7-M555-8	07/08/2022	07/08/2023	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$ 2,000,000
		<input type="checkbox"/>	<input type="checkbox"/>					\$
		<input type="checkbox"/>	<input type="checkbox"/>					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/>	<input type="checkbox"/>	98-GY-1097-9 (stop gap)	11/20/2021	11/20/2022	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER	\$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

APPROVED
 By Snohomish County Risk Mngt (S.Barker) at 12:37 pm, Jul 15, 2022

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

Additional Insured: Snohomish County 3000 Rockefeller Ave Everett, WA 98201

CERTIFICATE HOLDER**CANCELLATION**

Snohomish County 3000 Rockefeller Ave Everett, WA 98201	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 Tony Brooks, Agent

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**CMP-4786 ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS
(Scheduled)**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 98 GY1097 9

Named Insured:

GORDON THOMAS HONEYWELL
GOVERNMENTAL AFFAIRS LLC

Name And Address Of Additional Insured Person Or Organization:

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

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

a. Ongoing Operations

- (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for that additional insured; or

b. Products-Completed Operations

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

- 2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
- 3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.