

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2022

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 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).

		s to the	certif	ficate hol	der in li	eu of	such endorseme	. ,							
PRODUCER						CONTACT									
CBIZ INSURANCE SERVICES INC/PHS								NAME: PHONE (866) 467-8730 FAX							
37330068 The Hartford Business Service Center								(A/C, No, Ext): (A/C, No):							
The Hartford Business Service Center 3600 Wiseman Blvd								E-MAIL							
San Antonio, TX 78251								ADDRESS:							
									INSU	IRER(S) AFFORDI	NG COVERAGE		NAIC#		
INSU								INSURE	RA: Sentin		11000				
AMERICAN PLATFORM SERVICES, LLC. DBA									RB:						
THERECORDXCHANGE									RC:						
4543 E ONYX AVE PHOENIX AZ 85028-4206									RD:						
FRUENIA AZ 00UZ0-4ZU0									RE:						
									R F :	DE\"0	NON NUMBER				
$\overline{}$	VERAGES		нат т	THE DOLLO			E NUMBER: ANCE LISTED BELC	)/// H // /	E REEN ISSUED		SION NUMBER:	E EOD THI	E DOLICY DEDIOD		
							T, TERM OR COND								
CI	ERTIFICATE	MAY BE	E ISS	SUED OR	MAY PE	RTAIN	, THE INSURANCE	E AFFO	RDED BY THE	POLICIES DES	CRIBED HEREIN				
							OLICIES. LIMITS SH				PAID CLAIMS.				
INSR LTR		PE OF INS	URAN	ICE	INSR	SUBR WVD	POLICY NUMBE	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)		LIMITS	S		
	COMME	RCIAL GEN	NERAL	LLIABILITY							EACH OCCURRENC		\$1,000,000		
	CLAIMS-MADE X OCCUR										DAMAGE TO RENTE PREMISES (Ea occui		\$1,000,000		
	X General Liability										MED EXP (Any one p		\$10,000		
Α					X		37 SBA AR92	02/12	02/12/2022	02/12/2023	PERSONAL & ADV I	NJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				:						GENERAL AGGREG	SATE	\$2,000,000		
	POLICY PRO- JECT X LOC			40	DODOLIED					PRODUCTS - COMP	P/OP AGG	\$2,000,000			
				API	PK(	OVED									
	AUTOMOBI	ГҮ		By Dia	no Ro	or - Diek Manao	gement at 10:18 am, Jul 27, 202			COMBINED SINGLE	LIMIT	\$1,000,000			
	ANY AUTO				Ву Біа	пе ва	ier - Kisk mariag	Jement	at 10.10 am,	Jul 21, 2022	(Ea accident) BODILY INJURY (Pe	ar nerson)			
		ALL OWNED SCHEDULED					07.004.400	2000	00/40/0000	00/40/0000	,	. ,			
Α	AUTOS		AUT	ros			37 SBA AR92	9202	02/12/2022	02/12/2023	BODILY INJURY (Pe	,			
	X HIRED AUTOS	X	AUT	N-OWNED FOS							(Per accident)	,			
	X UMBRE	LLA LIAB									EACH OCCURRENC	CE	\$1,000,000		
Α		EXCESS LIAB CLAIMS- MADE				37 SBA AR9202		02/12/2022	02/12/2023	AGGREGATE		\$1,000,000			
.	DED X RETENTION \$ 10,000			$\dashv$											
	WORKERS COMPENSATION										PER	OTH-			
	AND EMPLOYERS' LIABILITY									STATUTE	ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. EACH ACCIDEN							
								E.L. DISEASE -EA E	MPLOYEE						
							E.L. DISEASE - POL	ICY LIMIT							
	DESCRIPTION OF OPERATIONS below										Fig. 60	-1-	¢4 000 000		
A FAILSAFE TECHNOLOGY E OR 37 SBA AR9			202	02/12/2022	02/12/2023	Each Glite	-	\$1,000,000							
DEST	O CRIPTION OF	OPERATIO	NS /I	OCATIONS	/VEHICI E	S (ACC	RD 101, Additional Re	marke Sa	hedule may be see	school if more spec	Aggregat	ıe	\$2,000,000		
							holder is an addition					SSOOOR	attached to this		
polic		and midu		Speration		oato	noldor lo arradalli	onai iilo	a.ou por tric bt	ioniooo Liability	, coverage i oiiii	550000	andonou to tino		
<u> </u>	CERTIFICATE HOLDER CANCELLATION														

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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POLICY NUMBER: 37 SBA AR9202



### 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

Process Date: 07/26/22 Expiration Date: 02/12/23

# **POLICY CHANGE (Continued)**

Policy Number: 37 SBA AR9202

**Policy Change Number: 001** 

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

ADDITIONAL INSURED(S) ARE ADDED

THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN

THIS POLICY.

LOCATION 003 BUILDING 001

PERSON/ORGANIZATION: SEE FORM IH 12 00

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

Form SS 12 11 04 05 T Process Date: 07/26/22

Policy Effective Date: 02/12/22
Policy Expiration Date: 02/12/23



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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).												
PRODU					CONTACT Paul Ricko							
Bizin	sure LLC/PHS				PHONE (A/C, No, Ext): 866-268-6404 (A/C, No): 844-546-2015							
PO b	ox 33015				E-MAIL ADDRES	e. bondsale	es@thehartfo					
	ut Creek, CA 94597											
					INCLIDE	11				NAIC# 19682		
INSUR	ED				MONEKA:							
	American Platform Services	DRA .	TheR	ecordXchange	INSURER B: INSURER C:							
	7950 E Gray Rd Suite 202	<i>D D</i> , (	111011	occi artoriarigo								
	Scottsdale, AZ 85260				INSURER D : INSURER E :							
	000tt0ddi0, 712 00200											
COV	ERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
THI IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RE	OF I QUIR PERT POLIC	NSUF REMEI AIN, CIES.	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE E BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
<u> </u>	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT	\$			
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
Client Premises- Commercial Crime								Employee Theft -				
Policy 57BDDIX3174				57BDDIX3174		08/01/2022	08/01/2023	Client Premises	\$10	00,000		
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)				
Thos	e usual to the Insured's operations. Cr	imeS	HIEL	D Advanced Policy.								
<u> </u>												
CER	TIFICATE HOLDER				CANC	CANCELLATION						
Snohomish County, its officers, officials, employees and agents 7950 E Gray Rd Suite 202						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Scottsdale, AZ 85260				AUTHO	RIZED REPRESEI	$\circ$	~ 1				
	000tt3uai6, AL 00200				Paul Ride							



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PRODUCER SUNZ Insurance Solutions, LLC ID: (Rippling PEO 1 Inclinate: Rippling Support Team												
	c/o Rippling PEO 1 Inc	7. (Kipping FLO 1 inc	PHONE (A/C, No			FAX						
	2443 Fillmore Street, Ste	#380	)-16	714	F-MΔII		321-319-4852	, , , , , , , , , , , , , , , , , , ,				
	San Francisco, CA 94115				ADDRE		eo-wc@rippl					
					INSURER(S) AFFORDING COVERAGE NA						NAIC#	
					INSURER A: United Wisconsin Insurance Company					29157		
INSU					INSURER B:							
fo	ppling PEO 1 Inc r workers leased to American P	latfo	rm S	Services LLC	INSURER C:							
dk	a TheRecordXchange	iatio		DOI VIOCO LLO	INSURER D:							
24	l43 Fillmore Street, Ste #380-16	3714	ŀ		INSURER E:							
Sa	an Francisco CA 94115				INSURER F:							
CO	/ERAGES CER	TIFI	CATE	NUMBER: 69457041				REVISION NUI	MBER:			
	IIS IS TO CERTIFY THAT THE POLICIES											
	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,											
FX	CLUSIONS AND CONDITIONS OF SUCH	POLI	AIN, CIES	LIMITS SHOWN MAY HAVE	BEEN E	THE POLICIES	S DESCRIBEL PAID CLAIMS	HEREIN IS SU	BJECT TO	ALL I	HE TERMS,	
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMITS	•		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
								EACH OCCURREN DAMAGE TO RENT	ED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occ	,	\$		
								MED EXP (Any one		\$		
								PERSONAL & ADV INJURY \$				
	POLICY PRO-  POLICY PRO-  LOC							GENERAL AGGRE		\$		
								PRODUCTS - COM		\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLI	E 1 10 41 E	\$		
								(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							,	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	<u> </u>	-		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMPDELLALIAD									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURREN		\$		
CLAIIVIS-IVIADE								AGGREGATE		\$		
Α	DED RETENTION \$ WORKERS COMPENSATION			WC572-00774-021-SZ		12/1/2021	12/1/2022	PER		\$		
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?				WC372-00774-021-32	12/1/20	12/1/2021	12/1/2022	✓ PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE	NT	\$1,000,000		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	- EA EMPLOYEE \$1,000,000		0,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$1,000	0,000	
		<u> </u>	<u> </u>									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
Cov	verage provided for all leased employee	s but	not s	subcontractors of: Americar	n Platfo	rm Services L	LC dba TheF	RecordXchange	Client Eff [	Date: 1	1/1/2021	
CEF	RTIFICATE HOLDER	CANCELLATION										
					l							
Sı	nohomish County, its officers, of	ficia	ls.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
er	nployees and agents 000 Rockefeller Avenue M/S 709		,					Y PROVISIONS.	. WILL D	_ 061	LIVENCED IN	
30	000 Rockefeller Ävenue M/S 709 verett WA 98201	)										
\\	VELET VVA 30201				AUTHO	RIZED REPRESE	NTATIVE		0			
							Į.	3/CC				

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July 26, 2022

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?**

Start a live chat online or call us at (866) 467-8730.

We're here weekdays from 8:00 AM to 8:00 PM ET.

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