

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/05/2022

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 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 MARSH USA INC.		CONTACT NAME: PHONE	FAX
1717 Arch Street Philadelphia, PA 19103-279	7	(A/C, No, Ext): E-MAIL	(A/C, No):
Attn: Comcast.Certs@marsh		ADDRESS:	
Allii. Comcasi.Ceris@marsii	.CUIII FAX. 212-940-0300	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: ACE American Insurance Company	22667
INSURED  Comcast Cable Communicat	ions Management	INSURER B: Indemnity Ins Co Of North America	43575
LLC and Comcast Cable Cor		INSURER C: ACE Property And Casualty Ins Co	20699
900 132nd St SW Everett, WA 98204		INSURER D: ACE Fire Underwriters Ins. Co.	20702
Everett, WA 90204		INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CLE-006936231-04 REVISION NU	MBFR:

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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR		ADDL SU		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
А	X COMMERCIAL GENERAL LIABILITY		)	XSL G72480922	12/01/2021	12/01/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$ 14,900,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 14,900,000
	X SIR: \$100,000						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 14,900,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 60,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 15,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY		I	ISA H25542964	12/01/2021	12/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 15,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
C	X UMBRELLA LIAB X OCCUR		)	XEU G27924840 007	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	DED RETENTION \$							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/	WLR C68917943 (AOS)	12/01/2021	12/01/2022	X PER OTH- STATUTE ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE TY / N	N/A	١	WLR C68917980 (CA, MA)	12/01/2021	12/01/2022	E.L. EACH ACCIDENT	\$ 2,000,000
D	(Mandatory in NH)	N / A	5	SCF C68918066 (WI)	12/01/2021	12/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
А	A Excess Workers Compensation		١	WCU C68918029 (WA)	12/01/2021	12/01/2022	Ea Acc/Dis Employee/Dis Policy	2,000,000
							SIR	5,000,000
1								

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

The Grantee and the County are included as additional insured (except workers' compensation) where required by written contract with the Named Insured. This insurance is Primary & Non-Contributory with any other insurance available to the Certificate Holder

CERTIFICATE HOLDER	CANCELLATION

Snohomish County, WA Brook Chesterfield, P.E. | Special Projects Coordinator 3000 Rockefeller Ave, M/S 607 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

Marsh USA Inc.

### ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Comcast Corporation	
	Date of Endorsement 1/2021

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

This endorsement modifies insurance provided under the following:

# BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): Any person of organization whom 1) a named insured other than NBCUniversal Media, LLC and/or its subsidiaries has agreed to include as an additional insured under written contract or written agreement, provided such contract or agreement was executed prior to the date of loss; and 2) NBCUniversal Media, LLC and/or its subsidiaries has agreed to include as an additional insured under contract or agreement, provided such contract or agreement was executed prior to the date of loss.

- 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.

Authorized Representative

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#### NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured Comcast Corporation			Endorsement Number	
Policy Symbol	Policy Number H25542964	Policy Period 12/01/2021 to 12/01/2022	Effective Date of Endorsement	
the application of the contract of the contrac	e of Insurance Company) an Insurance Compa	ny:	•	

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

# BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM AUTO DEALERS COVERAGE FORM

#### <u>Schedule</u>

#### Organization

Any additional insured with whom 1) a named insured other than NBCUniversal Media, LLC and/or its subsidiaries has agreed to provide such non-contributory insurance, pursuant to and as required under a written contract or written agreement executed prior to the date of loss; and 2) NBCUniversal Media, LLC and/or its subsidiaries has agreed to provide such non-contributory insurance, pursuant to and as required under a contract or agreement executed prior to the date of loss

(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to the Other Insurance Condition under General Conditions:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

Authorized Representative

Additional Insured Endorsement

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NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Named Insured Comcast Co	orporation		Endorsement Number
Policy Symbol XSL	Policy Number G72480922	Policy Period 12/01/2021 to 12/01/2022	Effective Date of Endorsement 12/01/2021
	of Insurance Company) Can Insurance Co		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

This endorsement modifies insurance provided under the following:

#### **EXCESS COMMERCIAL GENERAL LIABILITY POLICY**

#### SCHEDULE

Name of Person or Organization: Any person or organization whom 1) a named insured other than NBCUniversal Media, LLC and/or its subsidiaries has agreed to include as an additional insured under written contract or written agreement, provided such contract or agreement was executed prior to the date of loss; and 2) NBCUniversal Media, LLC and/or its subsidiaries has agreed to include as an additional insured under contract or agreement, provided such contract or agreement was executed prior to the date of loss.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) 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 your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance And Retained Limit:

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

whichever is less.

2. Available under the applicable Limits of Insurance shown in the Declarations;

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Authorized Representative

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

#### NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSUREDS

Named Insured Comcast Co	orporation		Endorsement Number
Policy Symbol XSL	Policy Number G72480922	Policy Period 12/01/2021 to 12/01/2022	Effective Date of Endorsement 12/01/2021
	of Insurance Company) can Insurance Co	mpany	Ļ.

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

## This endorsement modifies insurance provided under the following: EXCESS COMMERCIAL GENERAL LIABILITY POLICY

#### Schedule

#### Organization

Additional Insured Endorsement

Any additional insured with whom 1) a named insured other than NBCUniversal Media, LLC and/or its subsidiaries has agreed to provide such non-contributory insurance, pursuant to and as required under a written contract or written agreement executed prior to the date of loss; and 2) NBCUniversal Media, LLC and/or its subsidiaries has agreed to provide such non-contributory insurance, pursuant to and as required under a contract or agreement executed prior to the date of loss.

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.4:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss and is primary (subject to satisfaction of the "retained limit"), meaning that we will not seek contribution from the other insurance available to the Additional Insured. Your "retained limit" still applies to such loss, and we will only pay the Additional Insured for the "ultimate net loss" in excess of the "retained limit" shown in the Declarations of this policy.

Authorized Representative

XS-20288a (05/14) Class Code: 2-14057