

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2022

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).											
PRODUCER						CONTACT Kim Bergeron CIC ACSR					
Clark Mortenson Insurance						PHONE (603) 352-2121 (A/C, No, Ext): (603) 357-849					
PO Box 606						E-MÂIL ADDRESS: kbergeron@hilbgroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
Keene NH 03431					INSURER A: James River Insurance Company						
INSURED					INSURER B: Lloyd's of London						
Timber Framers Guild, Inc.				INSURER C:							
299 Pratt Road				INSURER D :							
Alstead				NH 03602	RE:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2262817848 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			L SUBR POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) L		MITS		
	COMMERCIAL GENERAL LIABILITY					, , ,	,	EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100 <sub>8</sub>	,000	
								MED EXP (Any one person)	\$ 5,00	0	
Α		Υ		CL2262817848		07/20/2022	07/20/2023	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:							Blanket Add'l Insured	\$ Inclu	uded	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							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							PER   OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT Per Claim	\$ \$1.0	000,000	
В	E&O/Professional Liability Retro Date: 11/13/2017			81005E210APL		07/16/2022	07/16/2023		' '	00,000	
	Retio Date. 11/13/2017			0.00022.07.11.2		017.072022	0.7.072020	Deductible per claim	\$5,0		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Snohomish County, its officers, officials, employees and agents are additional insureds as respects liability arising out of activities performed by or on behalf of Timber Framers Guild, Inc. as per written contract. Cover is primary and non-contributory insurance as respects to the County, its officers, officials, employees and agaents per the written contract.											
APPROVED											
By Snohomish County Risk Mngt (S.Barker) at 10:54 am, Nov 22, 2022											
CERTIFICATE HOLDER CANCELLATION											
Snohomish County Parks and Recreation c/o Thomas Hartzell 3000 Rockafeller Avenue						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					

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Everett

WA 98201