



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2023

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).

<b>PRODUCER</b> UNITEL 1128 Lincoln Mall Suite 200 Lincoln NE 68508	<b>CONTACT NAME:</b> Tracy Alexander <b>PHONE (A/C, No, Ext):</b> (402) 434-7200 <b>E-MAIL ADDRESS:</b> tabbott@unitelinsurance.com <b>FAX (A/C, No):</b> (402) 434-7272																					
<b>INSURED</b> Fatbeam, LLC 2065 W Riverstone Dr, Ste 202 Coeur D'Alene ID 83814	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>National Farmers Union P &amp; C</td><td>16217</td></tr><tr><td>INSURER B:</td><td>Charter Oak Fire Ins Co</td><td>25615</td></tr><tr><td>INSURER C:</td><td>Cincinnati Insurance Co.</td><td>10677</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Farmers Union P & C	16217	INSURER B:	Charter Oak Fire Ins Co	25615	INSURER C:	Cincinnati Insurance Co.	10677	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 22/23 FATBEAM**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RUI0000142	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RUI0000142	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1CB9662312	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	UB-7R658358-22-I5-G	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Umbrella			EXS0587420	09/01/2021	09/01/2022	4,000,000

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

Certificate Holder is listed as Additional Insured with respect to General Liability as required per written contract.

**APPROVED**

By Snohomish County Risk Mngt (S.Barker) at 9:18 am, Mar 30, 2023

**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

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

## **CONTRACTORS BLANKET ADDITIONAL INSURED - WAIVER OF SUBROGATION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **RURAL UTILITIES INSURANCE PLAN**

- A. For the purposes of this endorsement only, the definition of **Insured** under **GENERAL DEFINITIONS APPLICABLE TO THIS POLICY** is amended by adding the following:
- any person or organization (called additional **insured**) whom **you** are required to add as an additional **insured** on this policy under a written contract or written agreement. The written contract or written agreement must be:
1. currently in effect or becoming effective during the term of this policy; and
  2. executed prior to the **bodily injury, property damage, personal injury or advertising injury**.
- B. The insurance provided to the additional **insured** is limited as follows:
1. That person or organization is an additional **insured** only with respect to liability for **bodily injury, property damage, personal injury or advertising injury** caused in whole or in part by:
    - a. **your** acts or omissions; or
    - b. the acts or omissions of those acting on **your** behalf.in the performance of **your** operations for the additional **insured**.
  2. The Limits of Insurance applicable to the additional **insured** are those specified in the written **contract** or written agreement or in the Declarations of this policy, whichever is less. These Limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
  3. The coverage provided to the additional **insured** by this endorsement and the definition of **contract** under **GENERAL DEFINITIONS APPLICABLE TO THIS POLICY** do not apply to **bodily injury or property damage** arising out of the **products-completed operations hazard** unless required by the written **contract** or written agreement.
  4. The insurance provided to the additional **insured** does not apply to:

**Bodily injury, property damage, personal injury or advertising injury** arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:

    - a. the preparing, approving, or failure to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
    - b. supervisory, inspection, architectural or engineering activities.
  5. **We** have no duty to defend or indemnify an additional **insured** under this endorsement:
    - a. for any liability due to negligence attributable to any person or entity other than **you** or those acting on **your** behalf in the performance of **your** operations for the additional **insured**.
    - b. for any loss which occurs prior to **our named insured** commencing operations at the location of the **loss**.
    - c. until we receive written notice of a claim or suit from the additional **insured** as required in **LIABILITY AND RELATED COVERAGES, V. CONDITIONS APPLICABLE TO LIABILITY AND RELATED COVERAGES, A. YOUR DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUIT**.
- C. For the purposes of this endorsement only, **LIABILITY AND RELATED COVERAGES, V. CONDITIONS APPLICABLE TO LIABILITY AND RELATED COVERAGES, A. YOUR DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUIT** are amended as follows:

**RP472 (12/10)**

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**Page 1 of 2**

The following is added to **YOUR DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUIT:**

An additional **insured** under this endorsement will as soon as practicable:

- (1) give written notice of an **occurrence** or an offense to **us** which may result in a claim or suit under this insurance;
- (2) agree to trigger or activate any other insurance which the additional **insured** has, which is primary, for a **loss we** cover under this policy by tendering the defense to the insurers of all such other insurance.

- D. For the purposes of this endorsement only, **LIABILITY AND RELATED COVERAGES, V. CONDITIONS APPLICABLE TO LIABILITY AND RELATED COVERAGES, B. OTHER INSURANCE** is deleted and replaced by the following:

This insurance is excess over any other insurance naming the additional **insured** as an **insured** whether primary, excess, contingent or on any other basis unless the written **contract** or agreement specifically requires that this insurance be provided on either a primary basis or a primary and noncontributory basis.

- E. **We** have the right to recover **our** payments from anyone liable for **loss** covered by this policy. **We** will not enforce **our** right against a person or organization that is an additional **insured** under the **CONTRACTORS BLANKET ADDITIONAL INSURED - WAIVER OF SUBROGATION ENDORSEMENT**.