

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2023

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.

	SUBROGATION IS WAIVED, subject							equire an endo	rsement.	A sta	tement on	
this certificate does not confer rights to the certificate holder in lieu of superconcer TechInsurance, Division of Specialty Program Group LLC						CONTACT NAME:						
203 N. LaSalle St., 20th Floor, Chicago, IL 60601					PHONE (A/C, No, Ext): (800) 688-1984 FAX (A/C, No): 312-690-4123						90-4123	
					E-MAIL ADDRESS:							
						INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	INSURER A: Philadelphia Indemnity Insurance Company					18058	
INSURED					INSURER B: Philadelphia Indemnity Insurance Company						18058	
Progressive Solutions Inc					INSURER C: Sentinel Insurance Company, Limited						11000	
Po Box 783, Brea, CA, 92822					INSURER D:							
					INSURER E :							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:							
١N	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF	REMEN	T, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WIT	H RESPEC	OT TO	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH			IMITS SHOWN MAY HAVE	BEEN F							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY									\$ 2,000		
	CLAIMS-MADE OCCUR			46SBAR19399			4/10/2024	PREMISES (Ea occurrence)		\$ 1,000,000		
		.,								\$ 10,000		
С		Yes				4/10/2023		PERSONAL & ADV INJURY \$ 2,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 4,000		
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$ 4,000	,000	
	OTHER:							COMBINED SINGL	FLIMIT	\$		
	AUTOMOBILE LIABILITY	Yes					COMBINED SINGLE LIMIT (Ea accident) \$ 2,000  BODILY INJURY (Per person) \$		,000			
С	ANY AUTO ALL OWNED SCHEDULED			46SBARI9399		4/10/2023	4/10/2024	BODILY INJURY (Per accident) \$				
	AUTOS AUTOS NON-OWNED AUTOS			403BAN19399		4/10/2023	4/10/2024	PROPERTY DAMAGE &				
								(Per accident) \$		·		
	UMBRELLA LIAB OCCUR							EACH OCCUPEE	ICE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	ICE	\$		
	DED RETENTION\$							AGGILGATE		\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
Α	Cyber Liability			PHSD1728040		7/7/2022	7/7/2023	Each Occurrence	-	\$1,000,0	100	
В	Professional Liability (Errors and Omissions)			PHSD1728038		7/7/2022	7/7/2023	Occurrence/Aggreg	ate	\$1,000,0	00 / \$1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD 1	01, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
Co	unty of Snohomish is named as Addition	al Ins	sured w	rith regard to the general	liability	and automob	ile liability wh	en required by v	written cor	tract.		
CERTIFICATE HOLDER						CANCELLATION						
County of Snohomish 3000 Rockefeller Avenue 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.						
Lydidit, WA 30201					AUTHORIZED REPRESENTATIVE							