

OP ID: TJ

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2021

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

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	terms and conditions of the critificate holder in lieu of si	ne nolicy cortain n	olicies may	require an endorsement.	A staten	nent on		
PRODUCER			CONTACT William L Nance						
Fletcher Nance & Associates Inc 14030 NE 24th St, Ste 102			PHONE (A/C, No, Ext): 206-628-9029 FAX (A/C, No): 206-628-0644 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
Bellevue WA 98007									
				440	NAIC#				
			INSURER A : Scotts	412	:97				
INSURED French Slough Flood Control			INSURER B:						
French Slough Flood Control Co Paula Hutchinson CO. Box 553			INSURER C:						
Snohomish, WA 98291-0553			INSURER D:						
	B		INSURER E :						
			INSURER F:						
		TE NUMBER:		The second secon	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	QUIREM	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT	T TO WHIC	CH THIS		
INSR TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY						\$	1,000,000		
CLAIMS-MADE X OCCUR	X	CPS7258112	12/03/2020	12/03/2021	DAMAGE TO RENTED	\$	100,000		
						\$	5,000		
							1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER						Š	2,000,000		
X POLICY PRO- LOC						S	2,000,000		
						s			
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$			
ANY AUTO						s			
OWNED SCHEDULED						\$			
					PROPERTY DAMAGE	S			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			· ·		(Per accident)	3			
Leaven Leaven					540U OCCUPRENCE	2			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						\$			
					AGGREGATE	\$			
DED RETENTION S WORKERS COMPENSATION					PER OTH-	3			
AND EMPLOYERS' LIABILITY									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					\$			
If yes describe under					E.L. DISEASE - EA EMPLOYEE				
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Snohomish County, its officers, elect additional insured per form CG2026	ed offi	cials, agents and emplo		e space is requi	red)				
CERTIFICATE HOLDER			CANCELLATION			*			
CERTIFICATE HOLDER		SNOHO02							
Snohomish County	. 607		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
3000 Rockefeller Ave M/S Everett, WA 98201	607		AUTHORIZED REPRESENTATIVE William L Nance						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name Of Additional Insured Person(s) Or Organization(s):

SCHEDULE

SNOHMISH	COUNTY	3000	ROCKEFELLER	AVE	M/S	607	EVERETT	WA	98201
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.									

- 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:
 - In the performance of your ongoing operations;
 - In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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:
 - 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
 - Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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