

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2021

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 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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Marsh USA Inc.						NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
325 John H. McConnell Boulevard, Suite 350 Columbus, OH 43215						(A/C, No, Ext): (A/C, No): E-MAÎL ADDRESS:					
Attn: columbus.certrequest@marsh.com / fax 212-948-0798											
ONMODERA MEN OARTHOU						INSURER(S) AFFORDING COVERAGE					
CN102586435-NW-CAPTI-21-22						INSURER A : Arch Insurance Company				11150	
INSURED Nationwide Mutual Insurance Company						INSURER B : N/A				N/A 30830	
Attn: Risk Management						INSURER C : Arch Indemnity Insurance Company					
One Nationwide Plaza (1-03-601) Columbus, OH 43215-2220						INSURER D : Retention Alternatives Ltd., Hamilton, Bermuda					
						INSURER E :					
					INSURER F:						
				NUMBER:				REVISION NUMBER: 1			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR   POLICY EFF   POLICY EXP								OT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<u>s</u>		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			11CAB4973010(AOS)		01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000	
Α	X ANY AUTO			11CAB4973110(MA)		01/01/2021	01/01/2022	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CHET							Deductible	\$	5,000,000	
D	UMBRELLA LIAB X OCCUR			1-18911-00-21		01/01/2021	01/01/2022	EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			SEE ADDITIONAL PAGE DATA				AGGREGATE	\$	1,000,000	
	DED RETENTION\$								\$		
Α	WORKERS COMPENSATION			11WCI4973210 (AOS)		01/01/2021	01/01/2022	X PER OTH- STATUTE ER			
С	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		14WCI1000510 (CA DC IL IN		01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)			KY MD MN MO NC NY OR PA TX)				E.L. DISEASE - EA EMPLOYEE		1,000,000	
Α	lie i i i		11WCX4973410 (OH, XS \$5M S		₹)	01/01/2021	01/01/2022	E.L. DISEASE - POLICY LIMIT		1,000,000	
	2230 115.115.115.115.25.01										
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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 is/are included as additional insured (except workers compensation) where required by written contract.											
CERTIFICATE HOLDER						CANCELLATION					
Snohomish County Attn: Nathan Kennedy, Director of Finance 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.					
						RIZED REPRESE h USA Inc.					
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AGENCY CUSTOMER ID: CN102586435

LOC #: Columbus



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

ADDITIONAL INLINIARING SCHEDULE											
AGENCY Marsh USA Inc.		NAMED INSURED  Nationwide Mutual Insurance Company  Atta: Disk Management									
POLICY NUMBER		Attn: Risk Management One Nationwide Plaza (1-03-601) Columbus, OH 43215-2220									
CARRIER	NAIC CODE	EFFECTIVE DATE:									
ADDITIONAL REMARKS		ETTEOTITE SAIL.									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,											
FORM NUMBER: 25 FORM TITLE: Certificate of Lis		nce									
FORM NUMBER: 25 FORM IIILE: Certificate of Lic	ability Ilibura	nice									
The Excess Liability coverage, policy #1-18911-00-21 for the 1/1/21-22 policy period, Retention Alternatives Ltd, Hamilton, Bermuda placement was made by Nationwide Mutual Insurance Company. Marsh USA Inc. has only acted in the role of a consultant to the client with respect to this placement, which is indicated here for your convenience.											