This information should be given to your insurance agent

SPECIAL EVENT INSURANCE

INSURANCE REQUIREMENTS:
Per Snohomish County Code (SCC) 30.53A.820 and 30.53A.825

☐ Certificate of Liability Insurance; and
☐ CG 20 12 Additional Insured – State or Political Subdivisions - Permits
Or CG 20 26 Additional Insured – Designated Person or Organization
(Equivalent endorsement forms may be substituted.)

Certificates/endorsements must be submitted by email. Do NOT mail!

SUBMIT TO: Christopher Drocco, the Office of the Fire Marshal
EMAIL: Christopher.Drocco@snoco.org
QUESTIONS: Contact Diane Baer, Snohomish County Risk Management
diane.baer@snoco.org | (425) 388-3760

CERTIFICATE OF INSURANCE INSTRUCTIONS

INSURED: Name of the Permit Applicant.

MINIMUM SCOPE & LIMITS OF INSURANCE: The Permittee shall maintain coverage at least as broad as and with limits no less than:

General Liability: $1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage, and a $2,000,000 aggregate limit. CG 00 01 current edition;

DESCRIPTION OF OPERATION / LOCATIONS / VEHICLE should read:
Event Name: ________________________________
Date(s) of Event: ________________________________

CERTIFICATE HOLDER should read: Snohomish County
Office of the Fire Marshal
3000 Rockefeller Ave, M/S 604
Everett, WA 98201-4046

DO NOT MAIL THE CERTIFICATE
# Certificate of Liability Insurance

**Producer**

Insurance Agency Name and Address

**Contact Name & Contact Information of Rep issuing Certificate**

**Insurer S Affording Coverage**

**In法人**

Permit Applicant Name and Address

## Coverages

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<tr>
<th>Type of Insurance</th>
<th>Certificate Number</th>
<th>Policy Number</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
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<td><strong>Commercial General Liability</strong></td>
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**Workers Compensation and Employers’ Liability**

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<th>Type</th>
<th>Policy</th>
<th>Limits</th>
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**Description of Operations / Locations / Vehicles (ACORD 10)**

**Certificate Holder**

Snohomish County  
Office of the Fire Marshal  
3000 Rockefeller Ave, M/S 604  
Everett, WA 98201-4046

**Cancellation**

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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ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Snohomish County, its officers, elected officials, agents and employees
Re: Special Event Permit
Event Name:
Date(s):

Information required to complete this Schedule, if not show above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedules, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

   However:

   a. The insurance afforded to such additional insured only applies to the extent permitted by law; and

   b. 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.

2. This insurance does not apply to:

   a. “Bodily injury”, “property damage” or “personal and advertising injury” arising out of operations performed for the federal government, state or municipality; or

   b. “Bodily injury” or “property damage” included within the “products-completed operations hazard”.

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

2. Available under the applicable Limits of Insurance show in the Declarations; whichever is less.

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