TERRENG-01

OFFBE2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2025

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).

PRODUCER	CONTACT NAME:	NAME:				
Digital Insurance LLC-San Francisco, CA 314 West Portal Ave	PHONE (A/C, No, Ext): (415) 661-6500	FAX (A/C, No): (209) 459-3772				
San Francisco, CA 94127-1412	E-MAIL ADDRESS:	E-MAIL				
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Crum & Forster Specialty Ins	44520				
INSURED	INSURER B : Continental Insurance Company	35289				
Terraphase Engineering Inc.	INSURER C: Aspen Specialty Ins Co	10717				
1300 Clay Street, Suite 1000	INSURER D : National Fire Ins Co Of Hartford	20478				
Oakland, CA 94612	INSURER E : AXIS Specialty Ins. Co.	15610				
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

		DSIONS AND CONDITIONS OF SUCH								
INSR	SR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	5,000,000
		CLAIMS-MADE X OCCUR	х		EPK-160591	10/4/2025	10/4/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	5,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	5,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	5,000,000
	Х	OTHER: Professional Liability/Pollution						Prof Liab/Pol	\$	5,000,000
В	AU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			8035074943	10/4/2025	10/4/2026	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	6,000,000
	X	EXCESS LIAB CLAIMS-MADE			EX00UFY25	10/4/2025	10/4/2026	AGGREGATE	\$	6,000,000
		DED X RETENTION\$ 0							\$	
D	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE			8035077812	10/4/2025	10/4/2026	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	WC	All Other States			8035077793	10/4/2025	10/4/2026	\$1M/\$1M		1,000,000
E	Exc	ess Liability			ELZ679864/01/2025	10/4/2025	10/4/2026	2nd Layer -\$5M XS		11,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Puyallup as blanket Additional Insured with respect to the GL when required by written contract.

CERTIFICATE HOLDER	CANCELLATION

City of Puyallup, Washington City of Puyallup Development Services 333 S. Meridian Puyallup, WA 98371 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

ACORD 25 (2016/03)

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Policy Number: EPK-160591

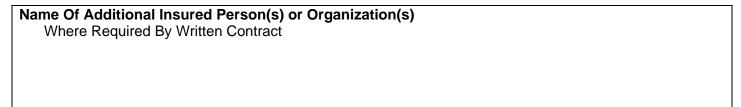
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE



SECTION III – WHO IS AN INSURED within the Common Provisions is amended to include as an additional insured the person(s) or organization(s) indicated in the Schedule shown above, but only with respect to liability caused, in whole or in part, by "your work" for that insured which is performed by you or by those acting on your behalf.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

EN0111-0211 Page 1 of 1