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**ASSIGNED COUNSEL CERTIFICATION OF PROOF OF INSURANCE**

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| --- | --- |
| Attorney Name: | Enter Full Name Here. Click or tap to enter text. |
| Business Address: | Address Line 1. Click or tap to enter text.Address Line 2. Click or tap to enter text.City, State + ZIP. Click or tap to enter text. |
| Email: | Enter Email Address Here. Click or tap to enter text. |
| Phone: | Enter Phone Number Here. Click or tap to enter text. |

It is agreed and understood that I will maintain the following insurance coverages and limits as set forth below during the term of assignment as an attorney with the King County Department of Public Defense Assigned Counsel Panel. I further understand and agree that upon request from the County and within five (5) business days of the request, I must provide a certificate of insurance to the County.

Required Insurance Coverage:

* Professional Liability. Coverage at limits of $1,000,000 per claim and, for policies with aggregate limits, a $1,000,000 aggregate limit.
* Statutory Worker’s Compensation Coverage. If an employer, maintain coverage in compliance with the Industrial Act of the State of Washington.
* Employers Liability/Stop Gap. If an employer, maintain coverage at a limit of $1,000,000.

I, Enter Full Name Here, am an attorney with the King County Department of Public Defense Assigned Counsel Panel and certify that I will abide by the requirements set forth above.

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| --- | --- | --- |
| s/E-Signature Here | City, ST | MM/DD/YY |
| Signature | Place | Date |