

Non Profit Insurance Program

CERTIFICATE OF COVERAGE

Issue Date: 10/24/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE 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 be endorsed. If SUBROGRATION IS WAIVED, subject to the terms and conditions of the policy, certain coverage 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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| PRODUCER | COMPANIES AFFORDING COVERAGE |
| Clear Risk Solutions 451 Diamond Drive Ephrata, WA 98823 | GENERAL LIABILITY American Alternative Insurance Corporation, et al. |
| INSURED | AUTOMOBILE LIABILITY American Alternative Insurance Corporation, et al. |
| Kent SD Parent Teacher Org/Boosters 12033 SE 256th St Kent, WA 98031 | PROPERTY American Alternative Insurance Corporation, et al. |
| | MISCELLANEOUS PROFESSIONAL LIABILITY Princeton Excess and Surplus Lines Insurance Company |
| COVERAGES | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF 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.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | DESCRIPTION | LIMITS |
|--|---------------------|-----------------|-----------------|--|--|
| GENERAL LIABILITY | | | | | |
| COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM INCLUDES STOP GAP (LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS) | N1-A2-RL-0000013-09 | 06/01/2018 | 06/01/2020 | PER OCCURRENCE PER MEMBER AGGREGATE PRODUCT-COMP/OP PERSONAL & ADV. INJURY ANNUAL POOL AGGREGATE | \$1,000,000 \$3,000,000 \$1,000,000 \$1,000,000 \$50,000,000 |
| AUTOMOBILE LIABILITY | | | | | |
| ANY AUTO (LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS) | N1-A2-RL-0000013-09 | 06/01/2018 | 06/01/2020 | COMBINED SINGLE LIMIT ANNUAL POOL AGGREGATE | \$1,000,000 NONE |
| PROPERTY | | | | | |
| (PROPERTY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS) | N1-A2-RL-0000013-09 | 06/01/2018 | 06/01/2020 | ALL RISK PER OCC EXCL EQ & FL EARTHQUAKE PER OCC FLOOD PER OCC ANNUAL POOL AGGREGATE | \$75,000,000 EXCLUDED EXCLUDED NONE |
| MISCELLANEOUS PROFESSIONAL LIABILITY | | | | | |
| (LIABILITY IS SUBJECT TO A \$50,000 SIR PAYABLE FROM PROGRAM FUNDS) | N1-A3-RL-0000060-09 | 06/01/2018 | 06/01/2020 | PER CLAIM ANNUAL POOL AGGREGATE | \$40,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS | | | | | |
| Regarding facility use for the policy term 06/01/2018 - 06/01/2020. Kent School District is named as Additional Insured regarding this facility use only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached. | | | | | |

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.

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| CERTIFICATE HOLDER | AUTHORIZED REPRESENTATIVE |
| Kent School District 12033 SE 256th St. Kent, WA 98030 |  |

**AMERICAN ALTERNATIVE
INSURANCE COMPANY**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
(GENERAL LIABILITY)**

| | |
|---|-----------------------------------|
| Named Insured Non Profit Insurance Program (NPIP) | |
| Policy Number N1-A2-RL-0000013-09 | Endorsement Effective 6/1/2018 |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.
Schedule

Person or Organization (Additional **Insured**): As Per Schedule on file with Clear Risk Solutions, Underwriting Administrator

Kent School District
12033 SE 256th St.
Kent, WA 98030

Regarding facility use for the policy term 06/01/2018 - 06/01/2020. Kent School District is named as Additional Insured regarding this facility use only and is subject to policy terms, conditions, and exclusions. Additional Insured endorsement is attached.

- A. With respects to the General Liability Coverage Part only, the definition of **Insured** in the Liability Conditions, Definitions and Exclusions section of this policy is amended to include as an **Insured** the Person or Organization shown in the above Schedule. Such Person or Organization is an **Insured** 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:
 - 1. In performance of your ongoing operations; or
 - 2. In connection with your premises owned or rented to you.
- B. The Limits of Insurance applicable to the additional **Insured** are those specified in either the:
 - 1. Written contract or written agreement; or
 - 2. Declarations for this policy,

whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits Of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.