



COVERAGE CONFIRMATION

The limits and coverages shown here are brief overviews of the coverage provided by the Non Profit Insurance Program. The terms and conditions offered may differ from your prior policy and from what you requested in your submission. This document is not intended to be used as a direct reflection of all coverages or to replace or alter the policies in any way. All specific coverage, exclusion, and limitation questions should be referred directly to the policies and all attached endorsements. Extended reporting periods are available upon request (information regarding basic ERPs is available in the policy).

Information represented in this Coverage Confirmation is subject to the exclusions, terms and conditions of the policy insuring the Non Profit Insurance Program. Please remember coverage is not bound without written confirmation from an authorized representative of Clear Risk Solutions. The policy is subject to audit. Defense costs are outside the limits for NPIP members and inside the limits for independent schools.

Some participating companies are non-admitted, unless otherwise stated, and not regulated by the Washington State Insurance Commissioner and their coverages are not protected by any Washington State Guaranty Fund Law. Clear Risk Solutions will process all surplus lines filings on any excess for surplus lines policies, if applicable.

Please note the limits shown here represent the combined full limits provided by multiple policies from various carriers. It is the responsibility of the broker to review this document to confirm its accuracy. Companies are subject to change prior to June 1.

Notice of Cancellation for Non-Payment

We may cancel this policy within 90 days in the event of non-payment of premium. Notice of cancellation will be mailed to the Named Insured's last known address and will indicate the date on which coverage is terminated. A copy will be mailed to the broker of record on file.

Member/Insured:	Producer:
Kent SD Parent Teacher Org/Boosters 600 SW 39th Street #200 Renton, WA 98057	Kris Lawrence Propel Insurance - Tacoma 1201 Pacific Avenue, Suite 100 Tacoma, WA 98057

Policy Term: 06/01/2016 to 06/01/2018

Issue Date: 05/06/2016

Coverage Confirmation Expiration Date: 08/29/2016, at 12:01 a.m.

Member Coverage Number: NPIP161842428

Member Since: 09/01/2009

Authorized Signature:

Coverage #: NPIP161842428

Insured: Kent SD Parent Teacher Org/Boosters

Coverage Confirmation

GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGE PARTS

Item 1.	NPIP Retained Limit:		
	General Liability Coverage Part	Each Occurrence	\$50,000
	Automobile Liability Coverage Part	Each Accident	\$50,000
Item 2.	Limit of Insurance		
	General Liability Coverage Part	Each Occurrence Per Member	\$1,000,000
	General Liability Coverage Part	Member Aggregate	\$3,000,000
		Group Aggregate	\$50,000,000
	Automobile Liability Coverage Part	Each Accident Per Member	\$EXCLUDED
	Automobile Liability Coverage Part	Group Aggregate	N/A

Item 3. **Sublimits of Insurance and Additional Coverages/Endorsements:**

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for the General Liability and Automobile Liability Coverage Parts. These sublimits apply excess of the General Liability and Automobile Liability Coverage Part **Retained Limits** shown above.

General Liability

Fire Legal Liability	\$1,000,000 Each Occurrence Per Member
Damage to Leased or Rental Premises	\$250,000 Each Occurrence Per Member
Employee Benefits Liability (Claims-Made Form)	\$1,000,000 Each Claim Per Member
Employee Benefits Liability (Claims-Made Form)	\$1,000,000 Member Aggregate
Employers Liability	\$1,000,000 Each Occurrence Per Member
Employer's Liability	\$10,000,000 Member Aggregate
	\$10,000,000 Group Aggregate
Sexual Abuse (Claims-Made Form)	\$EXCLUDED Each Claim Per Member
Sexual Abuse (Claims-Made Form)	\$EXCLUDED Member Aggregate
	\$20,000,000 Group Aggregate
Failure to Supply	\$250,000 Each Occurrence Per Member
Medical Expenses – Each Person (Excludes Students)	\$5,000
Medical Expenses – Each Accident	\$25,000

Automobile Liability

Auto UM/UIM	EXCLUDED Each Accident Per Member
Garagekeepers Liability	\$1,000,000 Each Accident Per Member
Hired Physical Damage	\$250,000 Each Accident Per Member
Garage Liability	\$1,000,000 Each Accident Per Member
Automobile Medical Expenses – Each Person (Excludes Students)	\$5,000
Automobile Medical Expenses – Each Accident	\$25,000

Item 4.	Retroactive Dates:	
	Employee Benefits Liability	09/01/2009
	Sexual Abuse Liability	12/31/1969

Item 5.	Deductibles:	
	General Liability	\$0
	Automobile Liability	See schedule

PARTICIPATING CARRIERS

THE FOLLOWING CARRIERS PARTICIPATE IN THE DESIGNATED PORTIONS
OF THE POLICY:

Coverage Part:

General Liability Coverage

Carrier:

American Alternative Insurance Corp, a member of Munich-
American Holding Corporation, A+XV (Admitted)
Torus Specialty Insurance Co, A-XI (Non-Admitted)