## **No Direct Supervision**

## **Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

	1.	Insurers affording coverage must carry a Best Rating of A-VIII or better.
	2.	<ul> <li>Commercial General Liability Section</li> <li>Must be Occurrence policy, refer Claims Made policies to Brown &amp; Brown for Review</li> <li>Washington Stop Gap coverage may be referenced in this section</li> <li>General Aggregate Limit should apply "Per Project"</li> </ul>
	3.	Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
	4.	General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000.
	5.	"Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
	6.	Automobile Limit of at least \$1,000,000 is required.
	7.	Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
	8.	"Description of Operations" section should reference the contract name, number and service provided.
П	9.	Certificate Holder name is to read "Renton School District #403. its directors, officers and employees



DATE (MM/DD/YYYY)

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)

tills certificate does not come	rights to the certificate holder in hed of s	ucii ellubise	:::::e:::(s).				
PRODUCER		CONTACT NAME:					
		PHONE (A/C, No, Ext):				FAX (A/C, No):	
		E-MAIL ADDRESS:					
			INSURER(S) A	FFORDING CO	OVERAGE		NAIC#
		INSURER A:	Not Less	Than A-	- VIII	1	
INSURED		INSURER B:				_	
Name as it appears	in the contract	INSURER C :					
		INSURER D :					
		INSURER E :					
		INSURER F:					1
COVEDACES	CEDTIFICATE NUMBED:			DEVIC	ION NUM	DED.	

CERTIFICATE NUMBER: KENISION 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.

	ACLUSIONS AND CONDITIONS OF SUC							
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	XXXXXXXXX	xx/xx/xx	xx/xx/x	<b>X</b> EACH OCCURRENCE	\$1,000,00
	CLAIMS-MADE X OCCUP 2						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000 4
	X WA Stop Gap \$1M						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC	2	1				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:	၂၁						\$
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO 5	Y	Y	XXXXXXXXX	XX/XX/XX	xx/xx/	RODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
С	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MA	E					AGGREGATE	\$
	DED RETENTION \$							\$
Δ Ι	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XXXXXXXXX	xx/xx/xx	xx/xx/x	X PER X OTH-	WA Stop Gap
	ANYPROPRIETOR/PARTNER/EXECUTIVE	\   <sub>N/A</sub>		WA Stop Gap			E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	٦/ <b>٠</b> ٠	`	7			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX



#### **CERTIFICATE HOLDER** CANCELLATION

Renton School District #403 its directors, officers and employees 300 SW 7th Street Renton, WA 98057

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

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)								
Name Of Additional Insured Person(s) Or Organization(s)  Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.								

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees 300 SW 7th Street

Renton, WA 98057

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

## **Shared Supervision**

## **Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

	1.	Insurers affording coverage must carry a Best Rating of A-VIII or better.
	2.	<ul> <li>Commercial General Liability Section</li> <li>Must be Occurrence policy, refer Claims Made policies to Brown &amp; Brown for Review</li> <li>Washington Stop Gap coverage may be referenced in this section</li> <li>General Aggregate Limit should apply "Per Project"</li> </ul>
	3.	Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
	4.	General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000.
	5.	"Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
	6.	Automobile Limit of at least \$1,000,000 is required.
	7.	Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
	8.	Professional Liability coverage must be included at a limit of at least \$2,000,000 Per Occurrence. The Retention/Deductible must not exceed \$10,000, unless approved.
	9.	"Description of Operations" section should reference the contract name, number and service provided.
П	10.	Certificate Holder name is to read "Renton School District #403, its directors, officers and employees



DATE (MM/DD/YYYY)

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).

tilis certificate does flot co	mer rights to the certificate flolder in fled of a	such enuorse	inent(s).					
PRODUCER		CONTACT NAME:						
		PHONE (A/C, No, Ext):				FAX (A/C, No)	):	
		E-MAIL ADDRESS:						
			INSURER(S) A	FFORDING C	OVERAGE			NAIC#
		INSURER A:	Not Less	Than A	- VIII	1		
INSURED		INSURER B:					<u></u>	
Name as it appea	rs in the contract	INSURER C:						
		INSURER D :						
		INSURER E :						
		INSURER F:						
COVEDACES	CEDTIFICATE NUMBER.			DEVI	SION NUIS	ADED.		

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.

INSR LTR	R TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	Х	CLAIMS-MADE X OCCUP 2	Y	Y	xxxxxxxxx	x/xx/xx	xx/xx/x	XEACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000	1
	Х	WA Stop Gap \$1M						MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$1,000,00	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00	
		POLICY PRO- JECT LOC	2					PRODUCTS - COMP/OP AGG	\$ 2,000,00	0
		OTHER:	J						\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	0
-	X	ANY AUTO 5	Y	Y	xxxxxxxxx	XX/XX/XX	xx/xx/	RODILY INJURY (Per person)	\$	6
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	9
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
Α		KERS COMPENSATION EMPLOYERS' LIABILITY			xxxxxxxxx	xx/xx/xx	xx/xx/x	X PER X OTH-	WA Stop G	ap
	ANY	PROPRIETOR/PARTNER/EXECUTIVE			WA Stop Gap		,,	E.L. EACH ACCIDENT	\$1,000,000	0
		CER/MEMBER EXCLUDED?	N/A		WA 5cop Gap 7			E.L. DISEASE - EA EMPLOYEE	\$1,000,00	0
	If yes	s, describe under CRIPTION OF OPERATIONS below			•			E.L. DISEASE - POLICY LIMIT	\$1,000,00	
D		rofessional Liability laims Made Form	N/	A	xxxxxxxxx	xx/xx/xx	xx/xx/x	XPer Occurrence Deductible	\$2,000,0 \$10,000	8

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX

9

CERTIFICATE HOLDER CANCELLATION

Т

Renton School District #403 its directors, officers and employees 300 SW 7th Street Renton, WA 98057

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

Т

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)								
Name Of Additional Insured Person(s) Or Organization(s)  Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.								

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees 300 SW 7th Street

Renton, WA 98057

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

## **Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

1.	Insurers affording coverage must carry a Best Rating of A-VIII or better.
2.	<ul> <li>Commercial General Liability Section</li> <li>Must be Occurrence policy, refer Claims Made policies to Brown &amp; Brown for Review</li> <li>Washington Stop Gap coverage may be referenced in this section</li> <li>General Aggregate Limit should apply "Per Project"</li> <li>Sexual Abuse-Molestation coverage may be referenced in this section (or the Professional Liability section if coverage is provided under that policy)</li> </ul>
3.	Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
4.	General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000. Sexual Abuse-Molestation Limit must be at least \$2,000,000.
5.	"Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
6.	Automobile Limit of at least \$1,000,000 is required.
7.	Excess/Umbrella coverage must be included, if required by the contract, at a limit of at least \$1,000,000.  • The Retention/Deductible must not exceed \$10,000.
8.	Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
9.	Professional Liability coverage must be included at a limit of at least \$2,000,000 Per Occurrence. The Retention/Deductible must not exceed \$10,000, unless approved.
10.	"Description of Operations" section should reference the contract name, number and service provided.
11.	Certificate Holder name is to read "Renton School District #403, its directors, officers and employees



DATE (MM/DD/YYYY)

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).

this certificate does not comer rights to the certificate holder in fled of such endorsement(s).							
PRODUCER	CONTACT NAME:						
	PHONE (A/C, No, Ext):				FAX (A/C, No)	:	
	E-MAIL ADDRESS:						
				COVERAGE			NAIC#
	INSURER A :	Not Less	Than	A- VIII	1		
Insured	INSURER B :						
Name as it appears in the contract	INSURER C :						
	INSURER D :						
	INSURER E :						
	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.

		CONTRACTOR			EIMITS SHOWN WAT HAVE BEEN				
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
l <sub>A</sub>	Х	COMMERCIAL GENERAL LIABILITY	Y	Y	XXXXXXXXX	xx/xx/xx	xx/xx/x	XEACH OCCURRENCE	\$1,000,00
**		CLAIMS-MADE X OCCUP 2						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000 4
	Х	WA Stop Gap \$1M			Includes			MED EXP (Any one person)	\$ 5,000
					Sexual			PERSONAL & ADV INJURY	s 1,000,000
	GEN	VIL AGGREGATE LIMIT APPLIES PER:			Abuse or			GENERAL AGGREGATE	\$ 2,000,000
	OLI	POLICY PRO- JECT LOC		-	Molestation			PRODUCTS - COMP/OP AGG	\$ 2,000,000
			13		Limit XXXXXXXX			PRODUCTS - COMP/OP AGG	\$ _ / 0 0 0 / 0 0 0
		OTHER:	Ľ	_				COMBINED SINGLE LIMIT	\$1,000,000
В		OMOBILE LIABILITY						(Ea accident)	
	Х	ANY AUTO 5	Y	Y	XXXXXXXXX	XX/XX/XX	xx/xx/	RODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								· ·	\$
С		UMBRELLA LIAB X OCCUR	Y	Y	XXXXXXXXX	xx/xx/xx	xx/xx/x	XEACH OCCURRENCE	s 1,000,000
	Х	EXCESS LIAB CLAIMS-MADE				],,	,,	AGGREGATE 7	s 1,000,000
		DED RETENTION \$ 10,000	-					AGGREGATE	•
<u> </u>	WOF	RKERS COMPENSATION					/ /	Y PER X OTH-	WA Stop Gap
A		EMPLOYERS' LIABILITY Y / N			XXXXXXXXX	xx/xx/xx	XX/XX/X		\$1,000,000
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		WA Stop Gap	1		E.L. EACH ACCIDENT	
		ndatory in NH) s, describe under			8			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	CRIPTION OF OPERATIONS below				•		E.L. DISEASE - POLICY LIMIT	\$1,000,000
l D	ים	rofessional Liability	NT /	<u></u>	xxxxxxxxx	xx/xx/xx	xx/xx/x	XPer Occurrence	\$2,000,00
ا ا		-	14/	ſ`.	^^^^^			Deductible	\$10,000 9
	C.	laims Made Form							<u> </u>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX

10

CERTIFICATE HOLDER	CANCELLATION

Τ

Renton School District #403
its directors, officers and employees
300 SW 7th Street
Renton, WA 98057

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

Т

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Name Of Additional Insured Person(s) Or Organization(s)  Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees 300 SW 7th Street

Renton, WA 98057

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

## **Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

1.	Insurers affording coverage must carry a Best Rating of A-VIII or better.
2.	<ul> <li>Commercial General Liability Section</li> <li>Must be Occurrence policy, refer Claims Made policies to Brown &amp; Brown for Review</li> <li>Washington Stop Gap coverage may be referenced in this section</li> <li>General Aggregate Limit should apply "Per Project"</li> <li>Sexual Abuse-Molestation coverage may be referenced in this section (or the Professional Liability section if coverage is provided under that policy)</li> </ul>
3.	Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
4.	General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000. Sexual Abuse-Molestation Limit must be at least \$2,000,000.
5.	"Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
6.	Automobile Limit of at least \$1,000,000 is required.
7.	Excess/Umbrella coverage must be included, if required by the contract, at a limit of at least \$1,000,000.  • The Retention/Deductible must not exceed \$10,000.
8.	Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
9.	Professional Liability coverage must be included at a limit of at least \$2,000,000 Per Occurrence. The Retention/Deductible must not exceed \$10,000, unless approved.
10.	"Description of Operations" section should reference the contract name, number and service provided.
11.	Certificate Holder name is to read "Renton School District #403, its directors, officers and employees



DATE (MM/DD/YYYY)

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 fied of st	ucii elluoise	ineni(s).						
PRODUCER	CONTACT NAME:			·				
	PHONE (A/C, No, Ext):				FAX (A/C, N	o):		
	E-MAIL ADDRESS:							
				COVERAGE			NAIC#	
	INSURER A:	Not Less	Than	A- VIII		Ш		
INSURED	INSURER B:				L			
Name as it appears in the contract	INSURER C:							
	INSURER D :							
	INSURER E :							
	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	CLAIMS-MADE X OCCUP 2	Y	Y	xxxxxxxxx	xx/xx/xx	xx/xx/x	XEACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000	4
	Х	WA Stop Gap \$1M			Includes			MED EXP (Any one person)	\$ 5,000	
					Sexual			PERSONAL & ADV INJURY	\$ 1,000,00	0
	GEN	N'L AGGREGATE LIMIT APPLIES PER:			Abuse or			GENERAL AGGREGATE	\$ 2,000,00	0
		POLICY PRO- JECT LOC		1	Molestation			PRODUCTS - COMP/OP AGG	\$ 2,000,00	0
		OTHER:	3		Limit XXXXXXXX				\$	
В	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	0
-	Х	ANY AUTO 5	Y	Y	xxxxxxxxx	XX/XX/XX	XX/XX/	RODILY INJURY (Per person)	\$	6
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	٥
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
C		UMBRELLA LIAB X OCCUR	Y	Y	XXXXXXXXX	XX/XX/XX	XX/XX/X	XEACH OCCURRENCE	\$ 1,000,00	
	Х	EXCESS LIAB CLAIMS-MADE						AGGREGATE 7	\$ 1,000,00	0
		DED RETENTION\$ 10,000							\$	
A		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N			xxxxxxxxx	xx/xx/xx	XX/XX/X	X PER X OTH-	WA Stop Ga	_
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		WA Stop Gap			E.L. EACH ACCIDENT	\$1,000,000	
	(Mar	ndatory in NH) s. describe under			8			E.L. DISEASE - EA EMPLOYEE	\$1,000,000	0
		cription of operations below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00	0
D		rofessional Liability laims Made Form	N/	A	xxxxxxxxx	xx/xx/xx	XX/XX/X	XPer Occurrence Deductible		9

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX

CERTIFICATE HOLDER	CANCELLATION

Τ

Renton School District #403 its directors, officers and employees 300 SW 7th Street Renton, WA 98057

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

Т

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Name Of Additional Insured Person(s) Or Organization(s)  Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees 300 SW 7th Street

Renton, WA 98057

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

## **Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

1.	Insurers affording coverage must carry a Best Rating of A-VIII or better.
2.	<ul> <li>Commercial General Liability Section</li> <li>Must be Occurrence policy, refer Claims Made policies to Brown &amp; Brown for Review</li> <li>Washington Stop Gap coverage may be referenced in this section</li> <li>General Aggregate Limit should apply "Per Project"</li> <li>Sexual Abuse-Molestation coverage may be referenced in this section (or the Professional Liability section if coverage is provided under that policy)</li> </ul>
3.	Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
4.	General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000. Sexual Abuse-Molestation Limit must be at least \$1,000,000.
5.	"Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
6.	Automobile Limit of at least \$1,000,000 is required.
7.	Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
8.	Professional Liability coverage must be included at a limit of at least \$2,000,000 Per Occurrence. The Retention/Deductible must not exceed \$10,000, unless approved.
9.	"Description of Operations" section should reference the contract name, number and service provided.
10.	Certificate Holder name is to read "Renton School District #403, its directors, officers and employees



DATE (MM/DD/YYYY)

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)

this certificate does not comer rights to the certificate holder in fied of si	uch endorsement(s).	
PRODUCER	CONTACT NAME:	
	PHONE   FAX (A/C, No, Ext): (A/C, No):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Not Less Than A- VIII	
Insured	INSURER B:	
Name as it appears in the contract	INSURER C:	
	INSURER D:	
	INSURER E:	
	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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	Х	CLAIMS-MADE X OCCUF 2	Y	Y	XXXXXXXXX	xx/xx/xx	XX/XX/X	XEACH OCCURRENCE DAMAGE TO RENTED	\$1,000,00
	Х	WA Stop Gap \$1M			Includes Sexual			PREMISES (Ea occurrence)  MED EXP (Any one person)	\$100,000 <b>4</b> \$5,000
	GEN	WL AGGREGATE LIMIT APPLIES PER:			Abuse or			PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
	<u> </u>	POLICY PRO- JECT LOC	3	1	Molestation Limit XXXXXXXX			PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
В		OTHER: OMOBILE LIABILITY	Ľ					COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANY AUTO 5 SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS	Y	Y	xxxxxxxx	XX/XX/XX	xx/xx/	BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$ \$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$
С		UMBRELLA LIAB  EXCESS LIAB  OCCUR  CLAIMS-MADE						EACH OCCURRENCE AGGREGATE	\$
<u> </u>	WOE	DED RETENTION \$						PER OTH-	\$ WA Ston Can
A	AND ANYI OFFI	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?  Y / N	N/A		XXXXXXXXXX X WA Stop Gap	xx/xx/xx	xx/xx/x	E.L. EACH ACCIDENT	WA Stop Gap § 1,000,000
	lf ves	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000
D		rofessional Liability laims Made Form	N/	A	xxxxxxxx	xx/xx/xx	xx/xx/x	XPer Occurrence Deductible	\$2,000,000 \$10,000
BE0/		TON OF OPERATIONS / LOCATIONS / VEHICL	/-		444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		·		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX

CERTIFICATE HOLDER	CANCELLATION

Τ

Renton School District #403 its directors, officers and employees 300 SW 7th Street Renton, WA 98057

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

Т

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
Name Of Additional Insured Person(s) Or Organization(s)  Renton School District #403, its directors, officers and employees 300 SW 7th Street Renton, WA 98057
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but 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:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Person Or Organization:

Renton School District #403, its directors, officers and employees 300 SW 7th Street

Renton, WA 98057

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

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and