



Insurance Requirements: (Non-Construction)

Coverage shall be maintained during the term of this Agreement and for a period of three (3) years thereafter. Insurance is to be placed with insurers authorized to conduct business in the State of Washington and with an A.M. Best Co. rating of not less than A-.

- Commercial General Liability issued on form CG 00 01:
 - \$1,000,000 Per occurrence for bodily injury and property damage.
 - \$1,000,000 Personal injury
 - \$2,000,000 Annual aggregate limit.
 - An endorsement shall be issued on the general liability policy naming Nine Mile Falls School District, its directors, officers, representatives, employees and agents as additional insureds.
 - The policy shall include a waiver of subrogation clause and be primary and non-contributory. Nine Mile Falls School District's coverage shall be considered excess over any other available coverage.
 - There cannot be any sub-limits on any Commercial General Liability policies, including no sub-limits on sexual abuse coverage.
- If services include professional services provided directly to students, then professional liability insurance with limits of not less than \$1,000,000 per claim / \$3,000,000 per policy will be required. There cannot be any sub-limits on any professional services policies, including no sub-limits on sexual abuse coverage.
- When services are provided on District property:
 - Commercial Auto Liability of at least \$1,000,000 providing owned, hired, and non-owned auto liability.
 - If services are provided by an individual and not an LLC or corporation, then Vendor agrees to carry Personal Auto Liability coverage in an amount that meets or exceeds the Washington State law requirements.
- A certificate of insurance and additional insured endorsement shall be submitted to Nine Mile Falls School District, Executive Director of Business prior to commencing work/activities.
 - **Certificate Holder:**
Nine Mile Falls School District No. 325/179
Executive Director of Business
10110 W Charles Rd
Nine Mile Falls, WA 99026
colson@9mile.org | E-mail Address
- Notification shall be submitted to the District as soon as possible of any cancellation or material changes in coverage.
- Any deductibles or self-insured retentions in excess of \$10,000 must be declared to and approved in advance by Nine Mile Falls School District. Vendor will be responsible for any deductible or self-insured retained limit.



CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER Name of Producer (Insurance Agent) Address Telephone No.	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Name of Insured Address	E-MAIL ADDRESS:	
	NAIC #	
	INSURER A : Name of Insurer	
	INSURER B : Name of Insurer	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 80305343**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)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Team/League	☒	☒	GL00000000 (General Insurance Policy No.) Must be "occurrence"	Begin Date	Expiration Date	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$	☒	☒	18EX3097	6/1/2024	6/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse & Molestation	☒	☒	AIP00003450375600	6/1/2024	6/1/2025	Each Occurrence \$1,000,000 Aggregate: \$2,000,000

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

Nine Mile Falls School District, its Board, officers, employees, and volunteers are added as additional insured.

CERTIFICATE HOLDER**CANCELLATION**Nine Mile Falls School District
10110 W Charles Rd
Nine Mile Falls, WA 99026

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):

Name Of Person(s) Or Organization(s) (Additional Insured):

OWNERS AND/OR LESSORS OF THE PREMISES LEASED, RENTED OR LOANED TO YOU, BUT ONLY WITH RESPECT TO THE LIABILITY ARISING OUT OF YOUR OPERATIONS.

Additional Premium: INCLUDED

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

A. 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 arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.