

## User

### Certificate of Insurance Checklist

- 1. Insurers affording coverage must carry a Best Rating of A-VIII or better.
- 2. General Liability policy must be Occurrence policy, not Claims Made.
- 3. Products-Completed Operations Aggregate of at least \$1,000,000 is required.
- 4. Each Occurrence of at least \$1,000,000 and General Aggregate of at least \$2,000,000 is required.
- 5. Automobile coverage, including Hired and Non-Owned, of at least \$1,000,000 is required if company autos are used.
- 6. Washington Stop Gap coverage of at least \$1,000,000 is required if paid employees are Used.
- 7. Additional Insured form CG2011 or equivalent is required – form must be attached.

#### Separate Example Attached

- 8. Certificate Holder name is to include the following:  
Snoqualmie Valley School District #410  
8001 Silva Ave SE  
Snoqualmie, WA 98065
- 9. Cancellation Notice of 45 days is required, 10 day notice for non-payment.

Example

USER/TENANT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER		<p>1 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.</p>
INSURED		
<p>*Name of User Group as it appears on the Use Permit</p>		INSURERS AFFORDING COVERAGE
		INSURER A: Not Less Than A- VIII
		INSURER B: Not Less Than A- VIII
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC #

INSR ADD'L LTR	INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<p>2 GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC</p>	XXXXXXXX	XX/XX/XX	XX/XX/XX	<p>4 EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000</p> <p>MED EXP (Any one person) \$ 5,000</p> <p>PERSONAL &amp; ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COM/POP AGG \$ 1,000,000</p>
B		<p>AUTOMOBILE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p>ALL OWNED AUTOS</p> <p>SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p>				<p>3 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
		<p>GARAGE LIABILITY</p> <p>ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY: AGG \$</p>
		<p>EXCESS / UMBRELLA LIABILITY</p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p>DEDUCTIBLE RETENTION \$</p>				<p>6 EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p>
A		<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N</p> <p>If yes, describe under SPECIAL PROVISIONS below</p>	XXXXXXXX	XX/XX/XX	XX/XX/XX	<p>WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER</p> <p>E.L. EACH ACCIDENT \$ 1,000,000</p> <p>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</p>
		OTHER				7

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Snoqualmie School District #410, its directors, officers and employees is hereby recognized as Additional Insured, per attached form CG2011 or its equivalent.

<p>CERTIFICATE HOLDER</p> <p>Snoqualmie Valley School District #410 8001 Silva Ave SE Snoqualmie, WA 98045</p> <p>8</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>9</p>
---	--

Example

\* POLICY NUMBER: Needs to match the policy number  
on the Certificate

COMMERCIAL GENERAL LIABILITY  
CG 20 11 01 96

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

1. Designation of Premises (Part Leased to You):
- \* 2. Name of Person or Organization (Additional Insured): *Snoqualmie Valley School District*
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization 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 or organization shown in the Schedule.