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**

**Producer**

**Insured**

*Name of User Group as it appears on the Use Permit*

**Inurers Affording Coverage**

**Coverages**

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Policy Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>XXXXXXX</td>
<td>XX/XX/XX</td>
<td>XX/XX/XX</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Certificate Holder**

Snoqualmie Valley School District #410,

9001 Silva Ave SE

Snoqualmie, WA 98065

**Cancellation**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to give at least 20 days written notice to the certificate holder named to the left. The failure to do so will impose no obligation or liability on any party to the insurer, its agents or representatives.

**Authorized Representative**

ACORD 25 (2009/9/1)

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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.