

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2016

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 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).

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		<b>建设则自然有效的数据。</b>				PHONE (A/C, No	Eyt):		FAX (A/C, No):	12.00	
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						ADDRES		LIRER(S) AFFOR	POING COVERAGE	NAIC #	
						INSURER(S) AFFORDING COVERAGE INSURER A :				NAIC W	
INSURED						INSURER B:					
						INSURER C:					
是是这种人,但是这种人的,但是是是是一种人的。 第一个人的是是是一种人的是是是一种人的是是是一种人的是是是一种人的是是是一种人的是是是一种人的是是是一种人的是是是一种人的是是一种人的是是一种人的是一种人的						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	SUBR	POLICY NUMBER	T	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
<u> </u>	×	COMMERCIAL GENERAL LIABILITY	חפאוו	VVVU	insingali			,		00,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO DENTED	00,000	
										10,000	
Α	П.		Υ				10/18/2016	10/18/2019		00,000	
	GEN!	LAGGREGATE LIMIT APPLIES PER:								00,000	
	9.0	POLICY PRO- LOC								00,000	
		OTHER:							\$	00,000	
	-	DMOBILE LIABILITY	<del> </del>	$\vdash$					COMBINED SINGLE LIMIT \$		
									(Ea accident)   BODILY INJURY (Per person) \$		
		ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
		AUTOS AUTOS NON-OWNED						-	DDODEDTY DALVACE		
	<del></del> '	HIREDAUTOS AUTOS							(Per accident)		
				_					\$		
	$\vdash$	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	'	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
		DED RETENTION \$							\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYP	ROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
	(Mand	atory in NH)	1,774						E.L. DISEASE - EA EMPLOYEE \$		
	If yes. DESCI	describe under RIPTION OF OPERATIONS below						ſ	E L DISEASE - POLICY LIMIT \$		
										1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)											
Eastmont School District, East Wenatchee, WA. Commercial General Liability Additional Insured = Eastmont School District.											
Sub	iect to	o the coverage provided by the refe				Commi	sicial Genera	r Liability Add	Monai madred - Lastmont Scho	or District.	
Subject to the second professional policy.											
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
ACCORDANCE WITH THE BOLICY BROVISIONS											
Eastmont School District											
800 Eastmont Avenue						ANTHORIZED REPRESENTATIVE					
						/ /					
		East Wenatchee			WA 98802	4	4	1	Control Control	l	
			AND DESCRIPTION OF	-			-				