<i>Must have BO</i>	ГН	a co	ertificate and an	end	orsemen	t (Seen o	n page 6 or 7)E	XAN	IPLE ONL	
ACORD [®] CERT	TIF	IC	ATE OF LIA	BIL	ITY IN	SURA	NCE		(MM/DD/YYYY) 31, 2020	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OR NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE TE A C	ND OR ALT	er the Co Between t	VERAGE AFFORDED HE ISSUING INSURER	te hol By the R(S), Au	DER. THIS POLICIES JTHORIZED	
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endors	cert	ain p	olicies may require an e							
PRODUCER Insurance Agent or Broker listed here.					CONTACT NAME: PHONE (A/C+No)Ext): E-MAIL ADDRESS:					
					PRODUCER CUSTOMER ID #:					
INSURED					INSURER(S) AFFORDING COVERAGE					
ABC Company (MUST match the name on the				INSURER A : Name of Insurer INSURER B :						
contract or permit)				INSURER C :						
123 Happy Valley Road				INSURER D :						
Seattle, WA 98107				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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								CT TO	WHICH THIS	
NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тs		
GENERAL LIABILITY	x	x	The City does not		Dates	Must not	EACH OCCURRENCE	\$ 1,000,000.00		
	· ·		accept CLAIMS-MA	٩DE	must be in range of	expire prior to end of	PREMISES (Ea occurrence)	\$		
NO CLAIMS-MADE X OCCUR			insurance. All		planned	contract	MED EXP (Any one person)	\$		
			insurance must be		activities	and/or permit	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ c 2 000	,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:			OCCURRENCE ba	sed.		willbe vaild	PRODUCTS - COMP/OP AGG	\$,000.00	
						durin g that time only		\$	2	
AUTOMOBILE LIABILITY	Х	x	Any activity that				COMBINED SINGLE LIMIT (Ea accident)	\$	-	
			involves vehicles must be covered in this section. 1				BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
SCHEDULED AUTOS HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
NON-OWNED AUTOS			million min.					\$		
								\$		
UMBRELLA LIAB X OCCUR			Insurance must be				EACH OCCURRENCE	\$		
EXCESS LIAB NO CLAIMS-MADE			OCCURRENCE ba	sed.			AGGREGATE	\$		
						2		\$		
RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
				Cabod	if more and					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC This can be left blank int							valuated on a cas	e by c	ase basis	
				CANC						
The City of Seattle					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
PO Box 94669				ACCORDANCE WITH THE POLICY PROVISIONS.						
Seattle, WA 98124				AUTHORIZED REPRESENTATIVE						

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

City of Seattle, it's elected officials, officers, employees, agents and volunteers

Endorsements that name the City of Seattle as additional insured is required

'by' or 'only to the extent' required by Contract/Agreement, Lease or Other language will **NOT** be accepted.

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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - 1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

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

- 2. This insurance does not apply to:
 - **a.** "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - **b.** "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- **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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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):	
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City of Seattle, it's elected officials, officers, employees, agents and volunteers

Endorsements that name the City of Seattle as additional insured is required

'by' or 'only to the extent' required by Contract/Agreement, Lease or Other language will **NOT** be accepted.

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

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.