

May 31, 2020

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). | | | | | | | | | | |
|---|-------------------------------------|--------|------------------------------------|----------|--|---------------------------------------|---|-----------------|---------|--|
| Insurance Agent or Broker listed here. | | | | | CONTACT NAME: | | | | | |
| | | | | | PHONE (A/C+No+Ext): (A/C+No): | | | | | |
| | | | | | GACT NOTEXTS: GACT NOS: E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: | | | | | |
| | INSURER(S) AFFORDING COVERAGE NAIC# | | | | | | | | | |
| INSURED A DOO O (NALIOT LILL) | | | | | INSURER A: Name of Insurer | | | | | |
| ABC Company (MUST match the name on the | | | | | 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 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. ADDILIBURE POLICY EFF POLICY EXP | | | | | | | | | | |
| INSR LTR TYPE OF INSURANCE | | WVD | POLICY NUMBER | | (MM/DD/YYYY) | | LIMIT | | | |
| GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY | | X | The City does not accept CLAIMS-MA | \DE | Dates must be in | Must not expire prior | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000 \$ | ,000.00 | |
| NO CLAIMS-MADE X OCCUR | | | insurance. All | \DE | range of planned | to end of contract | MED EXP (Any one person) | \$ | | |
| | | | insurance must be | | activities | and/or | PERSONAL & ADV INJURY | \$ | | |
| Liquor Liability | OCCURRENCE ba | | | sed. | | permit willbe vaild during that | GENERAL AGGREGATE | \$ 2,000,000.00 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| POLICY PRO- JECT LOC | | | | | | time only | Liquor Liability | \$ 2,0 | 00,000 | |
| AUTOMOBILE LIABILITY | X Z | X | Any activity that | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO | | | involves vehicles | | | | BODILY INJURY (Per person) | \$ | | |
| ALL OWNED AUTOS | must be covered | | | | | | BODILY INJURY (Per accident) |) \$ | | |
| SCHEDULED AUTOS HIRED AUTOS | | | this section. 1 | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | NON-OWNED AUTOS million min. | | | | | | (i di dedident) | \$ | | |
| NON-OMNED AD 100 | | | THIIIIOH HIIH. | | | | | s | | |
| UMBRELLA LIAB X OCCUR | | | In a common more to be | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB NO CLAIMS-MADE | | | Insurance must be OCCURRENCE ba | | | | AGGREGATE | \$ | = | |
| DEDUCTIBLE | | | OCCURRENCE DE | | | | | \$ | | |
| RETENTION \$ | | | | | | | | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | WC STATU- TORY LIMITS OTH- ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | |
| DESCRIPTION OF OREDATIONS / LOCATIONS / VEHICL | E¢ (| Attach | ACORD 404 Additional Remarks | Schodule | if more chase is | roquirod) | | | | |
| This can be left blank intentionally. If words are listed here they will be evaluated on a case by case basis | | | | | | | | | | |
| | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | | |
| The City of Seattle PO Box 94669 Seattle, WA 98124 | | | | | 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 | | | | | |

POLICY NUMBER: XXXXXXXXXXXX

Policy # must match certificate

COMMERCIAL GENERAL LIABILITY CG 20 12 04 13

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:
 - 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.

POLICY NUMBER: XXXXXXXXXXXX

Policy # must match certificate

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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):

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

However:

- 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.