

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR)
12/30/08

PRODUCER

Heffernan Insurance Brokers
P. O. Box 69038
Portland, OR 97239

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.

COMPANIES AFFORDING COVERAGE

COMPANY

A Alliance of Nonprofits for Insurance

COMPANY

B

COMPANY

C

COMPANY

D

Phone No: 503-226-1320

Fax No. 503-226-1478

INSURED

Bellevue Boys & Girls Club
209 100th Avenue NE
Bellevue, WA 98004

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	200922322	01/01/09	01/01/10	GENERAL AGGREGATE	2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	1,000,000
	<input checked="" type="checkbox"/> STOP GAP LIABILITY				FIRE DAMAGE (ANY ONE FIRE)	100,000
					MED EXP (ANY ONE PERSON)	
A	AUTOMOBILE LIABILITY	200922322	01/01/09	01/01/10	COMBINED SINGLE LIMIT	1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
A	EXCESS LIABILITY	200922322UMB	01/01/09	01/01/10	EACH OCCURRENCE	2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				SELF-INSURED RETENTION	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				WORKERS COMPENSATION STATUTORY LIMITS	
	<input type="checkbox"/> INCL				EL EACH ACCIDENT	
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT	
					EL DISEASE - EA EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Northshore School District, and its officials, and employees are named as Additional Insured(s) on the General Liability per the attached CG2026.
10 day notice of cancellation will apply for non-payment of premium.

CERTIFICATE HOLDER

Northshore School District
NSD Support Serv Center
22105 23rd Dr SE
Bothell, WA 98021

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Richard P. Allen

Richard P. Allen