

**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**

Phone No: 503-226-1320 Fax No. 503-226-1478

COMPANY  
A Alliance of Nonprofits for Insurance

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

COMPANY  
B  
COMPANY  
C  
COMPANY  
D

**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	<b>GENERAL LIABILITY</b>	201022322	01/01/10	01/01/11	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	<b>AUTOMOBILE LIABILITY</b>	201022322	01/01/10	01/01/11	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					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGATE
A	<b>EXCESS LIABILITY</b>	201022322UMB	01/01/10	01/01/11	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
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WORKERS COMPENSATION STATUTORY LIMITS
	THE PROPRIETOR/				EL EACH ACCIDENT
	PARTNERS/EXECUTIVE <input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT
	OFFICERS ARE: <input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

RE: Inglemoor Junior Football and the Northshore School District 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. "REVISED - 01/23/10"

**CERTIFICATE HOLDER**

**CANCELLATION**

Inglemoor Junior Football  
  
P.O. Box 82291  
Kenmore, WA 98028

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*

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)
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

<p><b>Section II – Who Is An Insured</b> 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:</p>	
<p><b>A.</b> In the performance of your ongoing operations; or</p>	
<p><b>B.</b> In connection with your premises owned by or rented to you.</p>	