

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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 have ADDITIONAL INSURED provisions or 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).

ti	his certificate does not confer rights to	o the	certi	ficate holder in lieu of su			Personal and the second personal second			
PRODUCER					CONTACT INSURANCE AGENT INFORMATION					
INS	SURANCE AGENT ISSUING CERTIFICATE				PHONE FAX (A/C, No, Ext): (A/C, No).					
	A CHAINGE A GENT 1000 INC GENTING				E-MAIL ADDRE	SS:				
					54	INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER A: A VII OR BETTER, ADMITTED CARRIER					
INSURED					INSURER B:					
ENTITY INSURED					INSURER C :					
ENTITY INSURED					INSURER D :					
AD	DRESS				INSURER E :					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF DED B	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
A	X COMMERCIAL GENERAL LIABILITY		1.40			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		х		POLICY NUMBER		DATE	DATE	MED EXP (Any one person)	\$	5,000
		^				DATE	DAIL	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	POLICY X PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							111000010	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	X ANY AUTO						0700	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	x		POLICY NUMBER		START	DATE	BODILY INJURY (Per accident)	\$	00 7 6 7 7
	HIRED NON-OWNED AUTOS ONLY	^		POLIOT NUMBER		DATE	DAIL	PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(I el accident)	\$	
-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$					1		AGGNEGATE	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER X OTH-		
1000	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			POLICY NUMBER		START	STOP	E.L. EACH ACCIDENT	s	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A		TOLIOT NOMBER		DATE	DATE	E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under			STOP GAP/ EL ONLY				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
-	DÉSCRIPTION OF OPERATIONS below							E.C. DIOL IOC OLIO CIMI		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS /	ACOPD	101. Additional Remarks School	ıle, may	be attached if mo	re space is requi	red)		
Th	e City of Yakima and the County of Ya mary/Non-Contributory additional ins	kima ured:	ı, its a s. See	gents, employees, autho e attached Additional Ins	orized ured E	volunteers, e Endorsement.	elected and a	ppointed officials are inc	luded	as
CF	EDTIFICATE HOLDED				CAN	CELLATION				
UE	RTIFICATE HOLDER				UAN	JEELA HOIL		1874		
City of Yakima/ County of Yakima Purchasing department 129 N. 2nd St.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	akima, WA 98901				AUTHORIZED REPRESENTATIVE					
					SIC	SNATURE				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Location(s) Of Covered Operations

- 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:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. 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.