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AKOSZTY

DATE (MM/DD/YYYY)	
6/13/2022	

AMERREC-03

		E	K I I		<b>ARIL</b>	ITY INS	URAN	GE	6	/13/2022
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	oolicies may			
	DUCER				CONTA NAME:					
	International Northwest LLC					o, Ext): <b>(425)</b> 4	55-5000	FAX (A/C. No	.: <b>(425)</b>	454-5550
	. Box 90007 evue, WA 98009				E-MAIL ADDRE	SS:		, (***,***	,,	
							URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Scottsd	lale Insurar	nce Company		41297
INSU	IRED				INSURE	RB:				
	American Recreation League	e			INSURE	RC:				
	2424 212th Ave SE Sammamish, WA 98075				INSURE	RD:				
	Sammannish, WA 96075				INSURE	RE:				
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equ Per Poli	IREM TAIN, CIES	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHEF ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES	PECT TC	WHICH THIS
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000 5.000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGO		2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
								(Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)		
								(Per accident)	\$\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYI	- i	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	r \$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI of Bothell Parks & Recreation	ES (	ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)		
	additional insured. Form #GLS150S 07	'06 B	lanke	et Additional Insured Endo	rsemen	ıt.				
CE	RTIFICATE HOLDER				CANO	ELLATION				
	City of Bothell Parks & Recreation 21233 20th Ave SE Bothell, WA 98021			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE IEREOF, NOTICE WILL Y PROVISIONS.			
				AUTHORIZED REPRESENTATIVE						



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DATE	(MM/DD/YYY)	()
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AMERREC-03

		<u> </u>						6	/13/2022
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	ATIVEL	Y OI ANCE	R NEGATIVELY AMEN	ID, EXTE TUTE A	ND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	<b>IE POLICIES</b>
IMPORTANT: If the certificate ho If SUBROGATION IS WAIVED, su this certificate does not confer right	ject to	the	terms and conditions	of the po such end	licy, certain lorsement(s)	policies may			
PRODUCER				CONTA NAME:	СТ				
Hub International Northwest LLC P.O. Box 90007 Bellevue, WA 98009					o, Ext): (425) 4	455-5000	FAX (A/C, No):	(425)	454-5550
				ADDILL					NAIC #
				INCLIDE			nce Company		41297
INSURED				INSURE					
	au 0			INSURE					
American Recreation Lea 2424 212th Ave SE	gue			INSURE					
Sammamish, WA 98075									
				INSURE					
		~ ^ T		INSURE	кг:				
COVERAGES C THIS IS TO CERTIFY THAT THE POL			ENUMBER:				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	' REQU AY PER	IREM TAIN,	ENT, TERM OR CONDIT	ION OF A DRDED BY	NY CONTRA 7 THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR			POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	I GEIGT ROMBER				EACH OCCURRENCE	s	1,000,000
CLAIMS-MADE X OCCUR	x		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	^				0/14/2022	0,14,2020			5,000
	-						MED EXP (Any one person)	\$	1,000,000
	_						PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	_,,
							COMBINED SINGLE LIMIT	\$	
ANY AUTO							(Ea accident)	\$	
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per person)	\$	
HIRED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE		
							(Per accident)	\$	
		-						\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-M.	DE							\$	
							AGGREGATE	\$	
DED RETENTION \$		-					PER OTH-	\$	
AND EMPLOYERS' LIABILITY	N						STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. EACH ACCIDENT	\$	
If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE City of Redmond	HICLES (	ACORI	0 101, Additional Remarks Sche	edule, may b	e attached if mo	re space is requi	red)		
is an additional insured. Form #GLS150	0706 B	lanke	et Additional Insured End	dorsemen	t.				
CERTIFICATE HOLDER					FI I ATION				

CERTIFICATE HOLDER	CANCELLATION
City of Redmond 15670 NE 85th Street Redmond, WA 98073	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
	Joseph and the second of the s



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C B	ERT ELO	IFICATE DOES NOW. THIS CERTIN	OT AFFIRMAT	IVEL SURA	Y OI	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
lf	SU	BROGATION IS V	NAIVED, subject	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of suc	the po	licy, certain	policies may			
PRO			<b>J</b>				CONTA NAME:					
-		ernational Northwe	est LLC			-		o, Ext): (425) 4	155-5000	FAX	(125)	454-5550
		x 90007				-	E-MAIL ADDRE	o, Ext): (420) -	-55-5000	(A/C, No)	:(+23)	-33330
Delle	evue	e, WA 98009				-	ADDRE					
						-						NAIC #
							INSURE	R A : Scottsc	lale Insurar	nce Company		41297
INSU	RED					-	INSURE	RB:				
			ecreation Leagu	е		-	INSURE	RC:				
		2424 212th A				-	INSURE	RD:				
		Sammamish	, WA 98075			_	INSURE	RE:				
							INSURE	RF:				
CO	VER	AGES	CER	TIFIC	CATE	E NUMBER:				<b>REVISION NUMBER:</b>		
IN CI	IDIC/ ERTI	ATED. NOTWITHS FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER	IREM TAIN,	SURANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHEF	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
Α	Х	COMMERCIAL GENER						(		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR	x		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				^								5,000
										MED EXP (Any one person)	\$	1,000,000
										PERSONAL & ADV INJURY	\$	2,000,000
	GEN									GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO	7							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident	) \$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
			]								\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	<u> </u>	DED RETENTIO		1						AGOREGAIE		
	WOF	RKERS COMPENSATION								PER OTH-	\$	
	AND	EMPLOYERS' LIABILIT	Y V/N							STATUTE ER		
	ANY OFF	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE Idatory in NH)	ED?	N / A						E.L. EACH ACCIDENT	\$	
	If ves	s. describe under								E.L. DISEASE - EA EMPLOYE	E \$	
	DÉS	CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
			LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	ed)		
		enton	m #GI 64506 07	706 P	lank	et Additional Insured Endor	comor	<b>1</b>				
ns an	1 400	nuonai insurea. Fo		NO B		a Auditional Insured Endor	semer	n.				
1												

CERTIFICATE HOLDER	CANCELLATION
City of Renton Andy O'brien 1055 South Grady Way	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Renton, WA 98057	AUTHORIZED REPRESENTATIVE
	1 the marked



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								OL	6/	13/2022
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	IVEL SURA	Y OI	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the	terms and conditions of	f the pol	icy, certain	policies may			
PRO	DUCER				CONTAC NAME:	ст				
P.O.	International Northwest LLC Box 90007					, <sub>Ext):</sub> (425) 4	55-5000	FAX (A/C, No):	(425) 4	454-5550
Delle	evue, WA 98009				ADDRES					
								RDING COVERAGE		NAIC #
INSU	PED						iale insulai			41297
		_			INSURE					
	American Recreation League	e			INSURE					
	Sammamish, WA 98075				INSURE					
					INSURE					
	VERAGES CER	TIEI	^ATE	E NUMBER:	INCORE	NT .		REVISION NUMBER:		1
	IS IS TO CERTIFY THAT THE POLICIE				HAVE B	EN ISSUED 1				
IN CI	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	ON OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPI	ЕСТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		^						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							FRODUCTS - COMP/OF AGG	\$	
				-				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
1	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
									<b>•</b>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (/		D 101. Additional Remarks Schedu	ule. may be	e attached if mor	e space is requir	ed)		
City	of Seatac							,		
is an	additional insured. Form #GLS150S 07	06 B	lanke	Additional Insured Endo	orsemen	t.				
1										

CERTIFICATE HOLDER	
City of Seatac 4800 S 188th Street Seatac, WA 98188	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
	Jak mint



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							DURAN		6/	/13/2022
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN		( OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec his certificate does not confer rights to	t to	the	terms and conditions of	the pol	icy, certain	policies may			
	DUCER				CONTAC NAME:	т		FAX		
	International Northwest LLC Box 90007					, <sub>Ext):</sub> (425) 4	: <b>(425)</b>	454-5550		
Bell	evue, WA 98009				E-MAIL ADDRES	SS:				
										NAIC #
INCI	JRED						iale Insurai	nce Company		41297
INSC					INSURE					
	American Recreation League 2424 212th Ave SE	;			INSURE					
	Sammamish, WA 98075				INSURE					
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RÌ ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUII PERT	REME TAIN,	NT, TERM OR CONDITIO	N OF A DED BY	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
				POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS	
A	X COMMERCIAL GENERAL LIABILITY	JUSD	***			(אוואו דועטאווא)	(א ז ז ז וטט (אוואג)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000 5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
								BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident	) \$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR								\$ \$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	-						E.L. DISEASE - EA EMPLOYE	E \$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL a additional insured. Form #GLS150S 07	ES (A 06 BI	CORD anke	101, Additional Remarks Schedu t Additional Insured Endo	ile, may b rsemen	e attached if mor t.	re space is requi	ed)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Department of Natural Resou and Recreation Regional Scheduling Office	irces	and	Parks Division of Parks	THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE ( EREOF, NOTICE WILL Y PROVISIONS.		
	201 S Jackson Street, Ste 70 Seattle, WA 98104	0			AUTHOR		NTATIVE			



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CI BI	ERTI ELO\	FIC W.	ATE THI	DOE S CE	ES N ERTI	NOT FICA	AFFIRMAT TE OF INS	IVEL SUR/	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR ALT	FER THE CO	<b>OVERAGE AFFOR</b>	RDED	BY TH	IE POLICIES
lf	SUE	BRO	OGAT	ION	IS V	WAIV	ED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may				
	DUCER						J				CONTA NAME:						
			tiona	l Nor	thwe	est Ll	_C					o, Ext): <b>(425)</b> 4	455-5000	F.		(425)	454-5550
	9.O. Box 90007 Bellevue, WA 98009										E-MAIL ADDRE				vo, noj.	(/	
											ADDILL	NAIC #					
INSURER(S) AFFORDING INSURER A : Scottsdale Insurance C														41297			
INSU	RED										INSURE	RB:					
			Am	erica	n Re	ecreat	tion Leagu	е			INSURE	RC:					
			242	4 212	2th A	ve S	E				INSURE	RD:					
			San	nman	nish	, WA	98075				INSURE	RE:					
											INSURE	RF:					
CO	/ER/	AG	ES				CER	TIFI	CATE	E NUMBER:				REVISION NUME	BER:		
										SURANCE LISTED BELOW							
CE E>	RTIF	FIC/	ATE N	IAY E	BE IS	SSUEI	D OR MAY	PER POLI	TAIN, CIES.	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B'	Y THE POLIC REDUCED BY	IES DESCRIB PAID CLAIMS	ED HEREIN IS SUB	SJECT T	O ALL	THE TERMS,
INSR LTR			TY	PE OF	INSU	RANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	Χ	со		CIAL G	ENER		BILITY							EACH OCCURRENCE		\$	1,000,000
			CLAIN	MS-MA	DE	Χ	OCCUR	Х		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
														MED EXP (Any one per	rson)	\$	5,000
														PERSONAL & ADV INJ	IURY	\$	1,000,000
	GEN	'L A	GGREG				S PER:							GENERAL AGGREGA	TE	\$	2,000,000
		PO		JI	RO- ECT		LOC							PRODUCTS - COMP/C	P AGG	\$	2,000,000
		OTI	HER:											COMBINED SINGLE LI	міт	\$	
	_		DBILE L		ΤY									(Ea accident)		\$	
			Y AUTC /NED			] SCH	EDUI ED							BODILY INJURY (Per p	person)	\$	
			INED											BODILY INJURY (Per a PROPERTY DAMAGE	accident)	\$	
		AU	TOS ON	ILY			-OWNED OS ONLY							(Per accident)		\$	
																\$	
			BRELL		8									EACH OCCURRENCE		\$	
							LAIMS-MADE	1						AGGREGATE		\$	
			S COM											PER	OTH-	\$	
	AND	EMF	PLOYER	RS' LIA	BILIT	Y									ER	•	
	OFFIC (Man		PRIETC /MEMBE	ER EXC	CLUDE	ED?		N / A						E.L. EACH ACCIDENT		\$	
	If yes.	des	scribe u	nder										E.L. DISEASE - EA EM			
	DESC	KIP	TION C		<u>EKAII</u>		BIOW							E.L. DISEASE - POLIC		\$	
DESC	RIPTI	ON	OF OP	ERATIO	ONS /	LOCAT	IONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedu	ıle, mav t	e attached if mor	re space is requir	ed)			
King	Cou	nty	Park	s				•									
is an	an additional insured. Form #GLS150S 0706 Blanket Additional Insured Endorsement.																

CERTIFICATE HOLDER	CANCELLATION
King County Parks Division of Parks and Recreation 6046 West Lake Sammamish	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pkwy NE Redmond, WA 98052	AUTHORIZED REPRESENTATIVE



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AMERREC-03

ACORD <sup>®</sup>	ERT	<b>FIFICATE OF LIA</b>	ABIL	ITY INS	SURAN	CE		E (MM/DD/YYYY) 5 <b>/13/2022</b>
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY (	OR NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORD	ED BY TH	HE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to th	he terms and conditions of	the pol	licy, certain	policies may			
PRODUCER	<u> </u>		CONTAC NAME:		-			
Hub International Northwest LLC				o, Ext): <b>(425)</b> 4	155-5000	FAX	No) (425)	454-5550
P.O. Box 90007 Bellevue, WA 98009			E-MAIL ADDRES	ss.			, 10).( )	
			ADDILL		SURER(S) AFFO	RDING COVERAGE		NAIC #
			INSURE	-		nce Company		41297
INSURED			INSURE	RB:				
American Recreation Leagu	le		INSURE	RC:				
2424 212th Ave SE			INSURE	RD:				
Sammamish, WA 98075			INSURE	RE:				
			INSURE	RF:				
COVERAGES CEF	TIFICA	TE NUMBER:				<b>REVISION NUMBE</b>	R:	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRE 7 PERTAI	EMENT, TERM OR CONDITIO	N OF A DED BY	NY CONTRA	CT OR OTHE	R DOCUMENT WITH R	ESPECT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU INSD W			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		CPS75777515		6/14/2022	6/14/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrenc	\$	1,000,000 100,000
						MED EXP (Any one person		5,000
						PERSONAL & ADV INJUR		1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP	AGG \$	2,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMI (Ea accident)	т \$	
						BODILY INJURY (Per pers	son) \$	
OWNED AUTOS ONLY AUTOS AUTOS   HIRED HUTOS ONLY NON-OWNED AUTOS ONLY						BODILY INJURY (Per acci PROPERTY DAMAGE (Per accident)	ident) \$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	-					AGGREGATE	\$	
DED RETENTION \$   WORKERS COMPENSATION	+-+					PER O	\$ TH-	
AND EMPLOYERS' LIABILITY Y / N						STATUTE EI	र	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	\$	
If ves, describe under						E.L. DISEASE - EA EMPL		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY L	IMII \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ORD 101. Additional Remarks Schedu	ile, mav b	e attached if mor	e space is requi	red)		
Lake Washington School District Risk Man	agement	t Office				,		
is an additional insured. Form #GLS150S 0	i uo Bian	iket Additional Insured Endo	semen	IL.				
CERTIFICATE HOLDER			CANC	ELLATION				
			SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES	BE CANCEI	LED BEFORE

Lake Washington School District Risk Management Office PO Box 97039 Redmond, WA 98073

AUTHORIZED REPRESENTATIVE

Shungh

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



## AMERREC-03 CEDTIEICATE OF LIADILITY INCLIDANCE

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DATE	(MM/DD/YYYY)	
6/-	13/2022	

				JUKAN	UE .	6/	13/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY SURAN	OR NEGATIVELY AMEND	, EXTEND OR AL	TER THE C	OVERAGE AFFORDED	) BY TH	E POLICIES
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subjethis certificate does not confer rights	ect to th	ne terms and conditions of	the policy, certain	n policies may			
PRODUCER Hub International Northwest LLC P.O. Box 90007			CONTACT NAME: PHONE (A/C, No, Ext): (425)	FAX (A/C, No	<sub>):</sub> (425)	454-5550	
Bellevue, WA 98009			E-MAIL ADDRESS:	NSURER(S) AFFO	RDING COVERAGE		NAIC #
			INSURER A : SCOTTS				41297
INSURED			INSURER B :		-		
American Recreation Leage	le		INSURER C :				
2424 212th Ave SE Sammamish, WA 98075			INSURER D :				
			INSURER E :				
			INSURER F :				
		TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRE / PERTAI I POLICIE	MENT, TERM OR CONDITIO IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAVE	N OF ANY CONTR DED BY THE POLI BEEN REDUCED B'	ACT OR OTHE CIES DESCRIE Y PAID CLAIMS	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT S.	РЕСТ ТО	WHICH THIS
	ADDL SU INSD W	VD POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIN	IITS	4 000 00
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	CPS75777515	6/14/2022	6/14/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
	^				MED EXP (Any one person)	\$	5,00
					PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,00
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGO	G\$	2,000,00
OTHER:					COMBINED SINGLE LIMIT	\$	
					(Ea accident)	\$	
ANY AUTO OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per person)		
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)		
AUTOS ONLY AUTOS ONLY					(Per accident)	\$\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MAD	=				AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE	E \$	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	т \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI s an additional insured. Form #GLS150S (	CLES (ACC	DRD 101, Additional Remarks Schedu Net Additional Insured Endo	Ile, may be attached if m	ore space is requi	ired)		
CERTIFICATE HOLDER			CANCELLATION	N			
Lake Washington School D P.O. Box 97039 Redmond, WA 98073	istrict Ri	isk Management Office	THE EXPIRATION	ON DATE TH	DESCRIBED POLICIES BE HEREOF, NOTICE WILL CY PROVISIONS.		
······································				SENTATIVE			
I			- Stand Roy	<b>2</b>			
ACORD 25 (2016/03)			© 1	988-2015 AC	ORD CORPORATION	All rig	hts reserved.
	The A	CORD name and logo are				-	



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DATE (	(MM/DD/	YYYY)
C le	12/202	22

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C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	<b>IE POLICIES</b>	
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subject his certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain p	oolicies may				
Hut P.O	DUCER Dinternational Northwest LLC . Box 90007				F-MAII	o, Ext): <b>(425) 4</b>	55-5000	FAX (A/C, No)	<u>)):</u> (425) 454-5550		
Bei	evue, WA 98009				ADDRE					T	
						INS R A : Scottsd		NAIC #			
INCI	JRED									41297	
		_			INSURE						
	American Recreation Leagu 2424 212th Ave SE	е			INSURE						
	Sammamish, WA 98075				INSURE						
					INSURE						
0.0	VERAGES CER	TIFI	CATE	ENUMBER:	INCORE			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE				HAVF B	FEN ISSUED 1					
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY   CLAIMS-MADE X   OCCUR	x		CPS75777515		6/14/2022	6/14/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Mea	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC dowdale Playfields n additional insured. Form #GLS150S 07						e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					

SHO	ULD ANY OF TH	IE ABOV	E DESCRIBE	D POLICI	ES BE (	CANC	CELLED BEFC	RE
THE	EXPIRATION	DATE	THEREOF,	NOTICE	WILL	BE	DELIVERED	IN
ACC	ORDANCE WITH	I THE PO	OLICY PROVI	SIONS.				

AUTHORIZED REPRESENTATIVE

Shurp

Meadowdale Playfields 18900 44th Ave. W Lynnwood, WA 98036



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DATE	(MM/DD/YYYY)	
61	42/2022	

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		, Er		FICATE OF LIA	BIL		ORAN	JE	e	6/13/2022	
CI BI	IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY T	HE POLICIES	
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection subjection of the subjection of the subjection of the subject of the subj	ct to	the	terms and conditions of t	the po	licy, certain p	oolicies may				
	DUCER				CONTA NAME:						
Hub P.O.	International Northwest LLC Box 90007 evue, WA 98009			-	PHONE (A/C, No, Ext): (425) 455-5000 FAX E-MAIL ADDRESS:						
							URER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURE	R A : Scottsd	lale Insurar	nce Company		41297	
INSU	RED			_	INSURE	RB:					
	American Recreation Leagu	е		_	INSURE	RC:					
	2424 212th Ave SE			-	INSURE	RD:					
	Sammamish, WA 98075			-	INSURE	RE:					
					INSURE	RF:					
<u></u>	/ERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:			
IN CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESP	ECT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	тѕ		
Α	X COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	x		CPS75777515		6/14/2022	6/14/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
	DED RETENTION \$							050	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC City of Bellevue	LES (/	ACORE	0 101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	ed)			
	additional insured. Form #GLS150S 07	706 B	lanke	* Additional Insured Endor	semen	t.					

	CERTIFICATE HOLDER	CANCELLATION
	The City of Bellevue PO Box 90012 Bellevue, WA 98009-9012	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
		A the work of the second of th

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