Certificate of Liability

The Auburn School District shall require facility users and volunteer groups who sponsor on campus activities to provide a standard Certificate of Liability Insurance document naming Auburn School District as both a Certificate Holder and an Additional Insured. Those who do not currently have access to a certificate of liability are asked to provide Special Events Coverage through an agent of their choice using the coverage liability limits outlined below. Facility users who are self-insured governmental agencies may provide certification from their self-insurance administrator information verifying liability coverage applicable to their proposed use providing equivalent protection to the District in lieu of the commercial insurance certificates referenced herein.

Please feel free to provide the following to your insurance agency for clarification:

Certificate Holder:	**General Liability Coverage:**	
Auburn School District #408	GENERAL LIABILITY	$1,000,000 Each Occ.
915 4th Street NE	DAMAGE TO RENTED PREMISES	$200,000 Each Occ.
Auburn, WA. 98002	MED EXPENSE	$5,000 Any One Person
	PERSONAL & ADV INJURY	$1,000,000
	GENERAL AGGREGATE	$2,000,000

Automobile Liability:

ANY AUTO/HIRED AUTO	$1,000,000 Combined Limit

Required Description: (for description section on Certificate of Liability)

"The Auburn School District is an Additional Insured for the activities, times, and dates as delineated on the attached facilities use form #_____."

Make sure that this exact language (above) is written in the "description" section and that the Certificate of Liability Insurance/Special Events Coverage is attached to your facilities use form upon submittal.

We have provided you with a sample Certificate of Liability Insurance/Special Events Coverage on the next page

ACORD   **CERTIFICATE OF LIABILITY INSURANCE** | DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER		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.	
Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		**INSURERS AFFORDING COVERAGE**	**NAIC #**
INSURED Name Street Address or P.O. Box City, State & Zip Code		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☒	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$200,000
						MED EXP (Any one person)	$5,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS - COMP/OP AGG	$1,000,000
							$
A	☒	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐ _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	$1,000,000
						BODILY INJURY (Per person)	$5,000
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
A	☐	**GARAGE LIABILITY** ☐ ANY AUTO ☐	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	$
						OTHER THAN EA ACC	$
						AUTO ONLY: AGG	$
A	☐	**EXCESS/UMBRELLA LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
A	☐	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	☐ WC STATU-TORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
	☐	**OTHER**					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

"The Auburn School District is an Additional Insured for the activities, times, and dates as delineated on the attached facilities use form #_____."

CERTIFICATE HOLDER	CANCELLATION
Auburn School District 915 4th Street NE Auburn WA 98002 253-931-4900	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)   © ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contact between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2001/08)