

# CERTIFICATE OF LIABILITY INSURANCE

Issue Date 1/6/2012

**ISSUED BY:**  
 State of Washington  
 Department of Enterprise Services  
 Office of Risk Management  
 PO Box 41466  
 Olympia WA 98504-1466

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 STATE OF WASHINGTON SELF INSURANCE LIABILITY PROGRAM.

**COVERAGE AFFORDED BY**

**State of Washington Self Insurance Liability Program**

**INSURED:**  
 State of Washington  
 WSU  
 ATTN: Rick Fadness  
 82 Environmental Health Building  
 Pullman WA 99164-1172

THE STATE OF WASHINGTON, INCLUDING ALL ITS AGENCIES AND DEPARTMENTS, IS SELF-INSURED FOR TORT LIABILITY CLAIMS. ALL CLAIMS MUST BE FILED WITH THE STATE OFFICE OF RISK MANAGEMENT FOR PROCESSING IN ACCORD WITH STATUTORY REQUIREMENTS.

## COVERAGES

THIS IS TO CERTIFY COVERAGE DESCRIBED BELOW IS PROVIDED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE SELF-INSURANCE LIABILITY PROGRAM IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH PROGRAM.

TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE COVERAGE	Self-Insured	Continuous	Continuous	BODILY INJURY, PROPERTY DAMAGE & PERSONAL INJURY COMBINED EACH OCCURRENCE \$5,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED EACH ACCIDENT \$5,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				STATUTORY
<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:** Coverage applies as respects tort liability claims against the State of Washington as covered by the Tort Claims Act (RCW 4.92 et seq.) The Certificate Holder is named as additional insured, but only as respects the negligence of the State of Washington.

**CERTIFICATE HOLDER:**

**CANCELLATION**

EVIDENCE OF INSURANCE

SHOULD THE SELF INSURANCE LIABILITY PROGRAM BE CANCELLED, THE STATE OF WASHINGTON WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY UPON THE STATE OF WASHINGTON, ITS OFFICIALS, EMPLOYEES, AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE:**

**CERTIFICATE NUMBER CRT 12-321**

*Lucy Isaki*  
 Lucy Isaki, State Risk Manager

## Barstow, Vicki

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**From:** Jayne, Janet  
**Sent:** Monday, March 12, 2012 3:49 PM  
**To:** HSD Contracts  
**Subject:** FW: Insurance for ILA with WSU  
**Attachments:** WSU Evidence of Insurance 1-12.pdf

See Keiths OK below

Janet Jayne  
WSU Snohomish County Extension  
600 128th St SE  
Everett, WA 98208  
425-357-6003

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

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**From:** Mitchell, Keith  
**Sent:** Friday, March 09, 2012 10:38 AM  
**To:** Jayne, Janet  
**Subject:** FW: Insurance for ILA with WSU

Hi Janet, This will work.

**Keith Mitchell, CPCU**

County Risk Manager  
Snohomish County Risk Management  
425/388-3726  
425/388-3499 fax

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**From:** Jayne, Janet  
**Sent:** Friday, March 09, 2012 10:33 AM  
**To:** Mitchell, Keith  
**Subject:** Insurance for ILA with WSU

This is what WSU sent over for Insurance. Will this work OK. Do we attach somehow as Exhibit C or add to the file?

Thanks  
Janet Jayne  
WSU Snohomish County Extension  
600 128th St SE  
Everett, WA 98208  
425-357-6003

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