

**[selina\\_robertson@yahoo.com](mailto:selina_robertson@yahoo.com)**

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**From:** Customer Service <CustomerService@churchmutual.com>  
**Sent:** Monday, February 26, 2024 1:28 PM  
**To:** selina\_robertson@yahoo.com  
**Subject:** Account 0188070 Additional Insured information  
**Attachments:** PU-1-0188070-02-644581-1231128-02-001-1241128-1231128-TSGG-553TNC-001\_20230913095918.pdf

Good afternoon Selina,

I have sent your request to underwriting to add Snohomish County as a named additional insured to your policy. Snohomish county is listed on the certificate of insurance as an additional insured just not endorsed to the policy yet. As soon as we hear back from underwriting and get approval we can endorse them to the policy and they will be listed on the policy as an additional insured.

I have also attached your General Liability dec pages.

Thank you,

Niki Kutzke  
Customer Service Agent



Church Mutual Insurance Company, S.I. (a stock insurer)<sup>1</sup>  
3000 Schuster Lane  
PO Box 357  
Merrill, WI 54452  
Main: 800-554-2642  
Email: [customerservice@churchmutual.com](mailto:customerservice@churchmutual.com)

[www.churchmutual.com](http://www.churchmutual.com) | [www.cmsolutionsinsurance.com](http://www.cmsolutionsinsurance.com)

To stay connected to valuable resources, subscribe to Church Mutual's blog at [blog.ChurchMutual.com](http://blog.ChurchMutual.com).

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<sup>1</sup>Church Mutual Insurance Company, S.I. (a stock insurer) is a stock insurer whose policyholders are members of the parent mutual holding company formed on 1/1/20. S.I. = a stock insurer.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/23/2024

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Church Mutual Insurance Company, S.I.	
Church Mutual Insurance Company, S.I.		<b>PHONE (A/C No, Ext):</b> 1-800-554-2642	<b>FAX (A/C, No):</b> 855-264-2329
3000 Schuster Lane		<b>E-MAIL ADDRESS:</b> customerservice@churchmutual.com	
P.O. Box 357			
Merrill			
WI 54452			
<b>INSURER(S) AFFORDING COVERAGE</b>			
<b>INSURER A:</b> Church Mutual Insurance Company, S.I.		<b>NAIC #</b> 18767	
<b>INSURED</b>			
RISE UP ACADEMY		<b>INSURER B:</b>	
11229 4TH AVE W		<b>INSURER C:</b>	
EVERETT		<b>INSURER D:</b>	
WA 98204-4928		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	0188070 02-644581	11/28/2023	11/28/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	N	0188070 09-666460	11/28/2023	11/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

"In compliance with written contract, agreement or permit requirements, certificate holder is an additional insured under the policy. A267.1"

## APPROVED

By Sheila Barker at 10:45 am, Mar 18, 2024

**CERTIFICATE HOLDER****CANCELLATION**

Snohomish County 3000 Rockefeller Ave M/S 407  Everett	WA 98201	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 
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**GENERAL LIABILITY COVERAGE PART  
DECLARATIONS PAGE**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. LIMITS OF INSURANCE:**

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS AND SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)	\$ 5,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
EACH OCCURRENCE LIMIT (BODILY INJURY AND PROPERTY DAMAGE COMBINED)	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (COMBINED)	\$ 2,000,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON (OTHER THAN SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)	\$ 5,000
PROPERTY DAMAGE LEGAL LIABILITY - ANY ONE OCCURRENCE	\$ 1,000,000
SEXUAL MISCONDUCT OR SEXUAL MOLESTATION LIMIT (COMBINED) - ALL LOCATIONS AND OPERATIONS	
EACH CLAIM LIMIT	\$ 100,000
AGGREGATE LIMIT	\$ 300,000
SEXUAL MISCONDUCT OR SEXUAL MOLESTATION MEDICAL EXPENSE LIMIT	
ANY ONE PERSON	\$ 10,000
AGGREGATE LIMIT	\$ 50,000
LEGAL DEFENSE COVERAGE LIMIT	
EACH DEFENSIBLE INCIDENT LIMIT	\$ 5,000
AGGREGATE LIMIT	\$ 15,000
CATASTROPHIC VIOLENCE RESPONSE	
PER PERSON LIMIT	\$ 50,000
EACH VIOLENT INCIDENT LIMIT	\$ 300,000
VIOLENT INCIDENT AGGREGATE LIMIT	\$ 300,000
EMPLOYERS LIABILITY (STOP GAP) COVERAGE	
BODILY INJURY BY ACCIDENT--EACH ACCIDENT	\$ 1,000,000
BODILY INJURY BY DISEASE--EACH EMPLOYEE	\$ 1,000,000
BODILY INJURY BY DISEASE--AGGREGATE LIMIT	\$ 1,000,000

**ITEM 2. DESCRIPTION AND CLASSIFICATION OF PREMISES AND OPERATIONS:**

ALL PREMISES AND OPERATIONS UNLESS EXCLUDED IN ITEM 3 BELOW.

NONE



**POLICY NO.:** 0188070-02-644581

**ITEM 3. EXCLUSION ENDORSEMENTS:**

NONE

**OTHER ENDORSEMENTS:**

COLLEGES OR SCHOOLS ENDORSEMENT.  
COVERAGE FOR CORPORAL PUNISHMENT DOES NOT APPLY.  
MEDICAL EXPENSE INSURANCE OPTION THAT APPLIES: TWO (EXCESS)

CHILD CARE FACILITY/ADULT DAY CARE FACILITY ENDORSEMENT.  
COVERAGE FOR CORPORAL PUNISHMENT DOES NOT APPLY.  
MEDICAL EXPENSE INSURANCE OPTION THAT APPLIES: TWO (EXCESS)

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION ENDORSEMENT.  
SCHEDULE OF DESIGNATED PERSONS OR ORGANIZATIONS INSURED:

MUKILTEO SCHOOL DISTRICT NO 6  
9401 SHARON DR  
EVERETT, WA 98204-2647  
TUTORING PROGRAM  
PREMISES/BUILDINGS INCLUDED: 001 001

DEPARTMENT OF SOCIAL & HEALTH SERVICES  
CENTRAL CONTRACT SERVICES  
PO BOX 45811  
OLYMPIA, WA 98504-5811  
SCHOOL/PRE-SCHOOL  
PREMISES/BUILDINGS INCLUDED: 001 001

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES ENDORSEMENT.  
SCHEDULE OF ADDITIONAL PERSONS OR ORGANIZATIONS INSURED:

GREATER TRINITY MISSIONARY BAPTIST CHURCH  
11229 4TH AVE W  
EVERETT, WA 98204-4928  
PREMISES/BUILDINGS INCLUDED: 001 001

# CHURCH MUTUAL INSURANCE COMPANY, S.I.

3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452

## COMMON POLICY DECLARATIONS PAGE

**POLICY NO.:** 0188070-02-644581

**ITEM 1. NAMED INSURED AND ADDRESS:**

GREATER TRINITY ACADEMY  
11229 4TH AVE W  
EVERETT WA 98204-4928

**ITEM 2. POLICY PERIOD:** FROM 11/28/23 TO 11/28/24  
12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

0188070-02-488307  
(RENEWAL OF)

**ITEM 3. THE NAMED INSURED IS:** RELIGIOUS INSTITUTION

**ITEM 4. AGENT:** 03-190

REBECCA NYUTU  
3000 SCHUSTER LANE  
MERRILL WI 54452  
(800) 554-2642

**ITEM 5. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:**

**FORMS AND ENDORSEMENTS WHICH APPLY TO THIS ENTIRE POLICY:**

A 050(09-19) COMMON POLICY CONDITIONS  
A 9009 WA(01-15) WASHINGTON CONDITIONAL EXCLUSION OF TERRORISM  
A 937(07-17) WASHINGTON CHANGES  
UN 720(12-20) NOTICE - DISCLOSURE OF TERRORISM PREMIUM

**PROPERTY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 100(01-01) PROPERTY CONDITIONS  
A 1001(01-08) IDENTITY RECOVERY COVERAGE FORM  
A 1009.1WA(07-09) WATER EXCLUSION ENDORSEMENT  
A 101(04-06) BUILDING AND PERSONAL PROPERTY COVERAGE - RELIGIOUS  
A 101.1 WA(04-18) WA CHANGES (ONLY APPLIES TO LOCATIONS THAT INCLUDE AUTOMATIC INCREASE)  
A 1017(06-16) EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA  
A 1024(08-17) INSTITUTIONAL INCOME AND EXTRA EXPENSE CHANGES  
A 127(04-06) CAUSES OF LOSS - SPECIAL FORM  
A 134(06-87) GLASS LIMITATION - SPECIAL CAUSES OF LOSS  
A 154(10-99) SYSTEMS/EQUIPMENT BREAKDOWN COVERAGE FORM  
A 177(04-06) WASHINGTON CHANGES  
A 177.1(04-06) WASHINGTON CHANGES - EXCLUDED CAUSES OF LOSS  
A 945.2(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
438 BFU NS(05-42) LENDER'S LOSS PAYABLE

**GENERAL LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 052(06-87) NUCLEAR ENERGY LIABILITY EXCLUSION - BROAD FORM  
A 200(01-04) GENERAL LIABILITY COVERAGE PART - OCCURRENCE BASIS  
A 200.1(12-06) AMENDATORY ENDORSEMENT - PERSONAL INJURY  
A 200.2(01-17) BODILY INJURY DEFINITION

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**GENERAL LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 200.4(07-17) EXCLUSION - ASBESTOS  
A 200.5(06-20) COMMUNICABLE DISEASE EXCLUSION  
A 2012(12-07) CORPORATE ENTITY ENDORSEMENT  
A 2013(12-07) MEDICAL EXPENSE AMENDMENT  
A 202(01-04) GENERAL LIABILITY ADDITIONAL PROVISIONS - RELIGIOUS  
A 2040(10-16) CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE FORM  
A 2040.3WA(10-16) WASHINGTON CHANGES - CYBER LIABILITY AND DATA BREACH RESPONSE  
A 2042(10-16) ADDITIONAL INSURED - CLERGY FOR RELIGIOUS INSTITUTION  
A 2049(10-16) EXCLUSION - CYBER LIABILITY  
A 208(01-04) COLLEGES OR SCHOOLS  
A 209(01-04) CHILD CARE FACILITY/ADULT DAY CARE FACILITY  
A 220(01-98) DESIGNATED PERSON OR ORGANIZATION  
A 221(01-98) MANAGERS OR LESSORS OF PREMISES  
A 249 WA(08-04) STOP GAP - EMPLOYERS LIABILITY COVERAGE ENDORSEMENT  
A 251(09-94) EXCLUSION - LEAD LIABILITY  
A 253(01-17) LEGAL DEFENSE COVERAGE FORM  
A 253.1(08-17) LEGAL DEFENSE RELIGIOUS FREEDOM PROTECTOR ENDORSEMENT  
A 254(05-08) AMEND OF INSURING AGREEMENT - KNOWN INJURY OR DAMAGE  
A 255(01-04) CATASTROPHIC VIOLENCE RESPONSE COVERAGE  
A 262(09-17) SEXUAL MISCONDUCT OR SEXUAL MOLESTATION LIAB AND MED EXP COVERAGE  
A 267.1(08-12) BLANKET ADDITIONAL INSURED ENDORSEMENT  
A 268(05-03) WAR LIABILITY EXCLUSION  
A 9006(01-15) EXCL OF PUN DAMAGES RELATED TO A CERT ACT OF TERROR  
A 927.4(02-17) NON-BINDING ARBITRATION  
A 937.1(05-17) WASHINGTON CHANGES  
A 937.2(07-13) WASHINGTON CHANGES - DEFENSE COSTS  
A 945.3(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
CMCG N 01(08-20) CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE - INFORMATION PACKET

**CRIME COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 300(06-87) CRIME CONDITIONS FORM  
A 309(06-87) BLANKET BOND COVERAGE FORM  
A 358(06-03) WASHINGTON CHANGES

**PROFESSIONAL LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 505(01-17) DIRECTORS, OFFICERS AND TRUSTEES LIABILITY COVERAGE FORM  
A 530(01-17) AFFILIATED ENTITY DISPUTE LEGAL DEFENSE COVERAGE ENDORSEMENT  
A 534(12-07) CORPORATE ENTITY ENDORSEMENT  
A 554.2 WA(05-21) WA EXCL - COMM DISEASE - DIRECTORS, OFFICERS AND TRUSTEES LIAB  
A 9006(01-15) EXCL OF PUN DAMAGES RELATED TO A CERT ACT OF TERROR  
A 937.1(05-17) WASHINGTON CHANGES  
A 937.4(05-17) WASHINGTON CHANGES - REPRESENTATIONS  
A 937.5(06-17) WA CHANGES - DIRECTORS, OFFICERS AND TRUSTEES LIABILITY COVERAGE  
A 945.3(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

**HIRED AND NONOWNED AUTOMOBILE LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 600(01-04) HIRED AND NONOWNED AUTO LIAB - RELIGIOUS INSTITUTION  
A 602(06-00) MEDICAL EXPENSE COVERAGE  
A 602.1(12-07) MEDICAL EXPENSE AMENDMENT  
A 605 WA(06-17) RENTAL AUTOMOBILE CONTRACTUAL LIABILITY ENDORSEMENT

POLICY NO.: 0188070-02-644581

**HIRED AND NONOWNED AUTOMOBILE LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:**

A 606(12-07) CORPORATE ENTITY ENDORSEMENT  
A 692(04-93) WASHINGTON CHANGES - RENTAL AUTOMOBILE ENDORSEMENT  
A 9006(01-15) EXCL OF PUN DAMAGES RELATED TO A CERT ACT OF TERROR  
A 937.2(07-13) WASHINGTON CHANGES - DEFENSE COSTS  
A 945.3(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

**ITEM 6. PREMIUM:** IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

\$2,564.00 DUE AT INCEPTION.

\*\* SUMMARY OF ADDITIONAL CHARGES (INCLUDED IN ANNUAL PREMIUM) \*\*

TERRORISM RISK INSURANCE: \$ 13.00 ANNUAL CHARGE

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**PROPERTY COVERAGE PART  
DECLARATIONS PAGE**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. DESCRIPTION OF PREMISES AND COVERAGES:**

PREMISES NO: 001                      BUILDING NO: 001  
CONSTRUCTION: FRAME  
OCCUPANCY: SCHOOL AND PRESCHOOL  
LOCATION: 11229 4TH AVE W  
COUNTY: SNOHOMISH  
CITY/STATE: EVERETT, WA

COVERAGE: PERSONAL PROPERTY  
LIMIT OF INSURANCE: \$24,000  
COINSURANCE PERCENT: 100%  
COVERED CAUSE OF LOSS: SPECIAL LIMITED GLASS  
VALUATION: REPLACEMENT COST

OTHER AMENDMENTS OR ENDORSEMENTS:

GLASS LIMITATION SPECIAL CAUSES OF LOSS ENDORSEMENT

**ITEM 2. DEDUCTIBLE - OCCURRENCE:**

\$1,000

**ITEM 3. ENDORSEMENTS:**

NONE

**ITEM 4. MORTGAGEHOLDERS, LOSS PAYEES, AND CONTRACT SELLERS:**

NONE



**GENERAL LIABILITY COVERAGE PART  
CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE  
CLAIMS-MADE  
DECLARATIONS PAGE**

**Your Cyber Liability and Data Breach Response Coverage is Claims-Made Coverage.  
Please read the entire policy carefully.**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. LIMITS OF INSURANCE:**

CYBER LIABILITY AND DATA BREACH RESPONSE (EXCLUDING PRIVACY BREACH RESPONSE SERVICES) AGGREGATE LIMIT OF LIABILITY	\$ 50,000
INSURING AGREEMENTS A. INFORMATION SECURITY AND PRIVACY LIABILITY AND D. WEBSITE MEDIA CONTENT LIABILITY ARE SUBJECT TO THE AGGREGATE LIMIT OF LIABILITY	
INSURING AGREEMENT C. REGULATORY DEFENSE AND PENALTIES AGGREGATE SUBLIMIT OF LIABILITY	\$ 10,000
INSURING AGREEMENT E. PCI FINES, EXPENSES, AND COSTS AGGREGATE SUBLIMIT OF LIABILITY	\$ 5,000
INSURING AGREEMENT F. CYBER EXTORTION AGGREGATE SUBLIMIT OF LIABILITY	\$ 10,000
INSURING AGREEMENT G. FIRST PARTY DATA PROTECTION AGGREGATE SUBLIMIT OF LIABILITY	\$ 10,000
INSURING AGREEMENT H. FIRST PARTY NETWORK BUSINESS INTERRUPTION AGGREGATE SUBLIMIT OF LIABILITY	\$ 10,000
INSURING AGREEMENT B. PRIVACY BREACH RESPONSE SERVICES LIMITS	
ALL "COMPUTER EXPERT SERVICES", "LEGAL SERVICES", AND "PUBLIC RELATIONS AND CRISIS MANAGEMENT EXPENSES" AGGREGATE LIMIT	\$ 25,000
"NOTIFIED INDIVIDUALS" AGGREGATE LIMIT	5,000 NOTIFIED INDIVIDUALS

**"CLAIM EXPENSES" ARE PAYABLE WITHIN, AND NOT IN ADDITION TO, THE LIMIT OF LIABILITY. PAYMENT OF "CLAIMS EXPENSES" UNDER THIS COVERAGE FORM WILL REDUCE THE LIMIT OF INSURANCE.**

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**POLICY NO.:** 0188070-02-644581

CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE FORM CLAIMS-MADE COVERAGE DOES NOT APPLY TO LOSS COVERED UNDER THE FOLLOWING INSURING AGREEMENTS: A. INFORMATION SECURITY AND PRIVACY LIABILITY; C. REGULATORY DEFENSE AND PENALTIES; D. WEBSITE MEDIA CONTENT LIABILITY; OR E. PCI FINES, EXPENSES, AND COSTS WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: 11/28/19

CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE FORM INSURING AGREEMENTS: B. PRIVACY BREACH RESPONSE SERVICES LIMITS OF COVERAGE, F. CYBER EXTORTION, G. FIRST PARTY DATA PROTECTION, AND H. FIRST PARTY NETWORK BUSINESS INTERRUPTION PROVIDE FIRST PARTY COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS AND APPLY ONLY TO INCIDENTS FIRST DISCOVERED AND REPORTED TO US DURING THE POLICY PERIOD.

CYBER LIABILITY AND DATA BREACH RESPONSE "CONTINUITY DATE": 11/28/19

**ITEM 2. RETENTIONS**

THE FOLLOWING INSURING AGREEMENTS: A. INFORMATION SECURITY AND PRIVACY LIABILITY; C. REGULATORY DEFENSE AND PENALTIES; D. WEBSITE MEDIA CONTENT LIABILITY; E. PCI FINES, EXPENSES, AND COSTS; F. CYBER EXTORTION; AND G. FIRST PARTY DATA PROTECTION \$ 2,500

INSURING AGREEMENT B. PRIVACY BREACH RESPONSE SERVICES

"COMPUTER EXPERT SERVICES", "LEGAL SERVICES", AND "PUBLIC RELATIONS AND CRISIS MANAGEMENT SERVICES" \$ 2,500

NOTIFICATION SERVICES, CALL CENTER SERVICES, AND BREACH RESOLUTION AND MITIGATION SERVICES 100 NOTIFIED INDIVIDUALS

INSURING AGREEMENT H. FIRST PARTY NETWORK BUSINESS INTERRUPTION

BUSINESS INTERRUPTION LOSS \$ 5,000

WAITING PERIOD 12 HOURS

**ITEM 3. EXCLUSION ENDORSEMENTS:**

NONE

**OTHER ENDORSEMENTS:**

NONE

**CRIME COVERAGE PART  
DECLARATIONS PAGE**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. DESCRIPTION OF PREMISES AND COVERAGES:**

\*\*\*\*\*

PREMISES NO: 001                    BUILDING NO: 001  
CONSTRUCTION: FRAME  
OCCUPANCY: SCHOOL AND PRESCHOOL  
LOCATION: 11229 4TH AVE W  
COUNTY: SNOHOMISH  
CITY/STATE: EVERETT, WA

\*\*\*\*\*

COVERAGE FORM: BLANKET BOND

LIMIT OF INSURANCE: \$10,000

DEDUCTIBLE: FULL COVERAGE

**ITEM 2. ENDORSEMENTS:**

NONE

**PROFESSIONAL LIABILITY COVERAGE PART  
CLAIMS MADE  
DECLARATIONS PAGE**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. COVERAGE DESCRIPTION:**

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>
DIRECTORS, OFFICERS & TRUSTEES LIABILITY AGGREGATE RETENTION: \$1,000	\$ 1,000,000

**ITEM 2. OTHER ENDORSEMENTS:**

AFFILIATED ENTITY DISPUTE LEGAL DEFENSE COVERAGE ENDORSEMENT	
EACH WRONGFUL ACT	\$ 25,000
AGGREGATE	\$ 50,000

**ITEM 3. RETROACTIVE DATE:**

DIRECTORS, OFFICERS & TRUSTEES LIABILITY COVERAGE DOES NOT APPLY TO INJURY THAT ARISES OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: 11/28/07

**HIRED AND NONOWNED AUTOMOBILE LIABILITY COVERAGE PART  
DECLARATIONS PAGE**

**POLICY NO.:** 0188070-02-644581

**ITEM 1. COVERAGE DESCRIPTION:**

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>
HIRED AND NONOWNED AUTOMOBILE LIABILITY COVERAGE RELIGIOUS INSTITUTIONS - EXCESS INSURANCE	
EACH OCCURRENCE	\$ 1,000,000
AGGREGATE	\$ 3,000,000

**ITEM 2. ENDORSEMENTS:**

MEDICAL EXPENSE COVERAGE - EXCESS INSURANCE	
ANY ONE PERSON	\$ 5,000
AGGREGATE	\$ 25,000

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY**

This endorsement modifies insurance provided under the General Liability Coverage Part.

The following is added to the General Liability Additional Provisions Form.

Additional Insured Person(s) or Organization(s):			
Name:	SNOHOMISH COUNTY		
Address:	3000 ROCKEFELLER AVE M/S 407		
	EVERETT	WA	98201
	City	State	ZIP
Activity:	GRANT		
Date(s):	02-27-24 THROUGH 11-28-24		

**A. ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY**

1. Paragraph C., Who is An Insured, is amended to include the person(s) or organization(s) shown above, but only with respect to "bodily injury," "property damage," personal injury," and "advertising injury" liability, and only with respect to operations of the Named Insured that are directly related to the activity shown above during the dates shown above.