

This evidence is issued as a matter of information only and confers no rights upon the evidence holder. This evidence does not amend, extend or alter the coverage afforded by the coverage agreement below.

Covered Member:

Coverage Afforded By:

**Washington Schools Risk Management Pool  
PO Box 88700  
Tukwila, WA 98138-2700**

This is to certify that the liability coverage listed below has been issued to the district member named above for the period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this evidence may be issued or may pertain. The evidence afforded by the coverage agreement described herein is subject to all the terms, exclusions and conditions of such coverage agreement.

Coverage Agreement #:

**COV 2015-2016**

Coverage Period:

**September 1, 2015 to August 31, 2016**

Effective Date of Evidence of Coverage:

**September 1, 2015**

Expiration Date of Evidence of Coverage:

**August 31, 2016**

Limits of Liability Each Occurrence Bodily Injury and Property Damage Combined:

**\$1,000,000-----**

Other Applicable Coverage:

Description of Operations/Locations/Vehicle:

Activities under the direct supervision of District personnel as respects coverage period September 1, 2015 through August 31, 2016.

**Cancellation:**

Should the above described coverage agreement be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the evidence of coverage holder named below.

Evidence of Coverage Holder:

Issue Date: July 15, 2015

To Whom It May Concern

Authorized Signature