



City of Kirkland Parks and Community Services Department Athletic Field Use Insurance Requirements for Lake Washington School District Facilities

Insurance may be required by the City of Kirkland for a variety of reasons. Both the City's insurance requirements (detailed separately here [City of Kirkland Insurance Requirements](#)) and the attached Lake Washington School District requirements are applicable to complete a facility use or event permitting process for use of Lake Washington School District sites under the City of Kirkland/Lake Washington School District Interlocal Agreement umbrella, by: athletic leagues; commercial organizations; non-profit organizations; and other applicants conducting high risk activities (as determined by the City of Kirkland).

Requirements:

Lake Washington School District insurance requirements are outlined in Attachment A.

Required Documents:

- Certificate of Insurance
- **AND**
- Attached Additional Insured Endorsement or Blanket Additional Insured Endorsement

Insurance requirements are non-negotiable. The City expects the applicant to convey insurance requirements to their insurance company. The City further expects the applicant to collect and review the documents from their insurance company for accuracy. Once the applicant is confident the requirements detailed above have been met, the applicant may submit the documents to the City (address below). If errors/adjustments are needed, the City will inform the applicant and will expect the applicant to convey the needed changes to the insurance company.

Submit all documents to:

- eparks@kirklandwa.gov
- **OR**
- City of Kirkland Parks and Community Services Department, Attn: Nicci Osborn, 123 5th Avenue, Kirkland, WA 98033

For questions, contact Nicci Osborn at 425.587.3342 or nosborn@kirklandwa.gov.

Attachments

- Attachment A: Lake Washington School District Insurance Requirements
- Attachment B: Lake Washington School District Certificate of Insurance Example
- Attachment C: Lake Washington School District Additional Insured Endorsement Example



Insurance Requirements:

Coverage shall be maintained during the term of this Agreement and for a period of three (3) years thereafter. Insurance is to be placed with insurers authorized to conduct business in the State of Washington and with an A.M. Best and Co. rating of no less than A-.

A. Commercial General Liability issued on form CG 00 01:

\$1,000,000 Per Occurrence for bodily injury and property Damage.
 \$1,000,000 Personal injury
 \$2,000,000 Annual Aggregate limit.

An endorsement shall be issued on the General Liability Policy naming Lake Washington School District; its directors, officers, representatives, employees and agents as additional insureds. The policy shall include a Waiver of Subrogation clause and be Primary and Non Contributory. Lake Washington School District's coverage shall be considered excess over any other available coverage.

If services include Professional Services provided directly to students, then Professional Liability insurance with limits of not less than \$1,000,000 per claim / \$3,000,000 per policy will be required.

When services are provided on District property:

Commercial Auto Liability of at least \$1,000,000 providing owned, hired and non owned auto liability.

If services are provided by an individual and not an LLC or Corporation then vendor agrees to carry Personal Auto Liability coverage in an amount that meets or exceeds the Washington State Law requirements.

A certificate of insurance and additional insured endorsement shall be submitted to Lake Washington School District, Risk Management Department prior to commencing work.

Certificate Holder:

Lake Washington School District No. 414
 16250 NE 95th Street
 Redmond, WA 98052
 (425) 936-1156 fax
icrotty@lwsd.org E-mail Address

Notification shall be submitted to the District as soon as possible of any cancellation or material changes in coverage. Any deductibles or self-insured retentions in excess of \$10,000 must be declared to and approved in advance by Lake Washington School District. Vendor will be responsible for any deductible or self-insured retained limit.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2017

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 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).

PRODUCER Mike Cralley Insurance, Inc. 15119 15th Ave NE Shoreline WA 98155		CONTACT NAME: PHONE: () / - / EXT: FAX: () / - / EXT: E-MAIL: ADDRESS:	
INSURED [Redacted]		INSURER(S) AFFORDING COVERAGE INSURER A: Scottdale Insurance Co. HMC # 41297 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REV. SION 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	APPLICABLE FROM (INSR) (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> LANDSLIDE <input checked="" type="checkbox"/> GOLF SEE LAWRENCE LINT APPLIES FOR <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC OTHER:	Y	[Redacted]	01/26/2017	01/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PROPERTY (per occurrence) \$ 100,000 MEDICAL EXP. (per person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GEN. AGG. DAMAGE \$ 2,000,000 PRODUCTS - COMB. (per occ) \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED/AUTOS <input type="checkbox"/> UNLICENSED AUTOS <input type="checkbox"/> UM/RELIAB. <input type="checkbox"/> COOR. <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> MED. <input type="checkbox"/> MED. BENEFIT					COMB. PERSONAL LIMIT (per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL/INDEPENDENT CONTRACTOR EXCLUDED? (Mandatory in WA) I use devices under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			<input type="checkbox"/> PER. <input type="checkbox"/> DIS. <input type="checkbox"/> ST. <input type="checkbox"/> PR. \$1. EACH ACCIDENT \$ \$1. DISEASE - EMPLOYEE \$ \$1. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Add Endor. Remarks Schedule, may be attached if more space is required)

Lake Washington School District, its Board, Officers, Employees, and Volunteers are included as Additional Insureds As respects use of all facilities per form CG2326

CERTIFICATE HOLDER Lake Washington School District #414 16250 NE 74th Street Redmond WA 98052	CANCELLATION 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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POLICY NUMBER: ██████████

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): LAKE WASHINGTON SCHOOL DISTRICT, ITS BOARD, OFFICERS, EMPLOYEES AND VOLUNTEERS LAKE WASHINGTON SCHOOL DISTRICT 14254 NE 74TH STREET AS RESPECTS USE OF FACILITIES</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
- In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.
- However:
- The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
- Required by the contract or agreement; or
 - Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.
- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.