

# SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
**Current Date**

PRODUCER <b>INSURANCE AGENCY/COMPANY</b> <b>INFORMATION TO BE ENTERED HERE</b>	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.
	COMPANIES AFFORDING COVERAGE COMPANY A <b>ALL INSURANCE CARRIERS TO BE SHOWN</b>

INSURED <b>NAME AND ADDRESS</b>	COMPANY B <b>(Note letter designation on left side of form.)</b>
	COMPANY C
	COMPANY D
	COMPANY

**COVERAGE**

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GEN. LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S CONTRACTOR'S PROT.	<b>NOTE 1</b> <b>POLICY NUMBER TO BE ENTERED.</b>	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	GENERAL AGGREGATE <b>\$ 2,000,000.00</b> PRODUCTS-COMP/OP AGG. <b>\$ 2,000,000.00</b> PERSONAL & ADV INJURY <b>\$ 2,000,000.00</b> EACH OCCURRENCE <b>\$ 2,000,000.00</b> FIRE DAMAGE (Any one fire) <b>\$ 1,000,000.00</b> MED EXP (Any one person) <b>\$ 5,000.00</b>
	<b>AUTOMOBILE</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>NOTE 2</b> <b>POLICY NUMBER TO BE ENTERED.</b>	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	COMBINED SINGLE LIMIT <b>\$ 1,000,000.00</b> BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<b>NOTE 3: TO BE COMPLETED IF NOTE 1 IS NOT \$ 2 MIL &amp; NOTES 2 &amp; 4 ARE NOT \$1 MIL</b>	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	EACH OCCURRENCE **** AGGREGATE \$
	<b>WORKERS COMPENSATION &amp; EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	<b>NOTE 4</b> <b>POLICY NUMBER TO BE ENTERED.</b>	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	WC STATUTORY LIMITS <b>Statutory</b> OTHER EL EACH ACCIDENT <b>\$ 1,000,000.00</b> EL DISEASE - POLICY LIMIT <b>\$ 1,000,000.00</b> EL DISEASE - EA EMPLOYEE <b>\$ 1,000,000.00</b>
	<b>OTHER</b>				**** Excess/ Umbrella Limit in an amount satisfactory to meet the requirements of Notes 1, 2, & 4

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

RE: [Name of school district]'s participation in the Mid-Columbia Regional Science and Engineering Fair held on March 13, 2025, at the Washington State University Tri-Cities, and at Chief Joseph Middle School, Richland, Washington on March 15, 2025. The Mid-Columbia Regional Science Fair Association, Inc. (dba Mid-Columbia Science Fair) and its officers, directors, and volunteers are to be named as Additional Insured regarding the above listed participation.

<b>CERTIFICATE HOLDER</b> Mid-Columbia Regional Science Fair Association, Inc. Attention: Eva Baroni 2530 Albemarle Ct. Richland, WA 99354	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <b>ORIGINAL SIGNATURE REQUIRED</b>
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*(Certificate Holder must be worded as above.)*