

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/1/2022

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	1	CONTACT NAME:			
Britton-Gallagher and Associates One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		PHONE (A/C, No, Ext): 216-658-7100	FAX (A/C, No): 216-658-7101		
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Everest Indemnity Insurance Co.		10851	
Western Display Fireworks Ltd. P. O. Box 932 Canby OR 97013	18234	INSURER B : Axis Surplus Ins Company		26620	
		INSURER C : Alaska National Insurance Company			
		INSURER D: Everest Denali Insurance Company	16044		
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 248685007	REVISION NUM	MBER:		

COVERAGES **CERTIFICATE NUMBER: 248685007** 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. ADDL SUBR POLICY EFF POLICY EXP

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY			SI8ML00215-221	1/15/2022	1/15/2023	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
1							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
1	POLICY X PRO- JECT LOC							\$
D	AUTOMOBILE LIABILITY			SI8CA00098-221	1/15/2022	1/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
İ	X ANY AUTO						BODILY INJURY (Per person)	\$
İ	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	UMBRELLA LIAB X OCCUR			P-001-000069176-04	1/15/2022	1/15/2023	EACH OCCURRENCE	\$ 4,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED RETENTION \$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SI8ML00215-221	1/15/2022	1/15/2023	WC STATU- X OTH- TORY LIMITS X ER	Stop Gap
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Washington USLH			20D WJ08933 (WA)	4/16/2021	4/16/2022	BI by Accident BI by disease policy BI by disease Each	\$1,000,000 limit \$1,000,000 Employee\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement. Display Date: July 9, 2022 Display Site: Barge on Lake Washington in front Luther Burbank Park, 2040 84th Ave SE, Mercer Island, WA 98040

Additional Insured:

City of Mercer Island and it's employees City of Bellevue

City of Medina

San Juan Enterprises

CERTIFICATE HOLDER	CANCELLATION
City of Mercer Island	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
8236 SE 24th St. Mercer Island WA 98040	AUTHORIZED REPRESENTATIVE

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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

Name Of Additional Insured Person(s) Or Organization(s)

ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.

City of Mercer Island and it's employees City of Bellevue City of Medina San Juan Enterprises

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" but only to the extent 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;
 - 2. In connection with your premises owned by or rented to you.
- **B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

- **C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
 - 1. The Limits of Insurance required by the written agreement between the parties; or
 - The Limits of Insurance provided by this Coverage Part.
- D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.