<b>CERTIFICATE OF LIABI</b>	LITY IN	SURAN	CE	Issue Date 2/8/2021
ISSUED BY: State of Washington Department of Enterprise Services Office of Risk Management PO Box 41466		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 STATE OF WASHINGTON SELF INSURANCE LIABILITY PROGRAM.		
Olympia, WA 98504-1466				
		COVERAGE AFFORDED BY State of Washington Self Insurance Liability Program		
INSURED:		THE STATE OF WASHINGTON, INCLUDING ALL ITS AGENCIES AND		
State of Washington Highline College ATTN: Heather McBreen 240th Street Des Moines, WA 98198		DEPARTMENTS, IS SELF-INSURED FOR TORT LIABILITY CLAIMS. ALL CLAIMS MUST BE FILED WITH THE STATE OFFICE OF RISK MANAGEMENT FOR PROCESSING IN ACCORD WITH STATUTORY REQUIREMENTS.		
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COVERAGES				
THIS IS TO CERTIFY COVERAGE DESCRIBED BELOW IS PROVIDED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE SELF-INSURANCE LIABILITY PROGRAM IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH PROGRAM.				
TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
GENERAL LIABILITY  GENERAL LIABILITY  OCCURRENCE COVERAGE	Self-Insured	Continuous	Continuous	BODILY INJURY, PROPERTY \$5,000,000 DAMAGE & PERSONAL INJURY COMBINED EACH OCCURRENCE
AUTOMOBILE LIABILITY				BODILY INJURY & PROPERTY \$5,000,000
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				DAMAGE COMBINED EACH ACCIDENT
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	L&I	Continuous	Continuous	WC – STATUTORY
OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: Coverage applies as respects tort liability claims against the State of Washington as covered by the Tort Claims Act (RCW 4.92 et seq.) The Certificate Holder is named as additional insured, but only as respects the negligence of the State of Washington.				
CERTIFICATE HOLDER:		CANCEL	LATION	
EVIDENCE OF INSURANCE		SHOULD THE SELF INSURANCE LIABILITY PROGRAM BE CANCELLED, THE STATE OF WASHINGTON WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY UPON THE STATE OF WASHINGTON, ITS OFFICIALS, EMPLOYEES, AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE:		
CERTIFICATE NUMBER CRT 2021-00152		Jason Siems, State Risk Manager		