

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2025

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 have ADDITIONAL INSURED provisions or 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	ant Camilana III C	CONTACT NAME:				
Arthur J. Gallagher Risk Manager 10900 NE 8th Street	nent Services, LLC	PHONE (A/C, No, Ext): 425-454-3386	FAX (A/C, No): 425-451-3716			
Suite 750		E-MAIL ADDRESS:				
Bellevue WA 98004		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Philadelphia Indemnity Insurance Com	pany 18058			
INSURED	KINDCEN-01	INSURER B: Houston Casualty Company	42374			
Kindering Center 16120 NE 8th St		INSURER C:				
Bellevue WA 98008		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 1809151604	REVISION NUM	MBER:			

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	NSR ADDLISUBR POLICY EXP									
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	Y		PHPK2659270	2/22/2024	2/22/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$1,000,000		
							MED EXP (Any one person)	\$ 20,000		
							PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000		
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000		
	OTHER:							\$		
Α	AUTOMOBILE LIABILITY			PHPK2659270	2/22/2024	2/22/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	X UMBRELLA LIAB X OCCUR			PHUB901866	2/22/2024	2/22/2025	EACH OCCURRENCE	\$4,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000		
	DED X RETENTION \$ 10,000							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PHPK2659270	2/22/2024	2/22/2025	X PER OTH- STATUTE ER			
	AND EMPLOTERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$1,000,000		
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
							E.L. DISEASE - POLICY LIMIT	\$1,000,000		
В	Professional Liability			H24EMD502876-02	2/22/2024	2/22/2025	Per Claim Aggregate	\$1,000,000 \$1,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) State of Washington, Department of Children, Youth and Families, its elected and appointed officials, agents, and employees are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract. Waiver of Subrogation applies to certificate holder, as respects General Liability policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

CERTIFICATE HOLDER C	ANCELLATION
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State of Washington, Department of Children, Youth and Families, its elected and appointed officials agents, and employees 500 1st Ave. S. Ste 300 Seattle WA 98104

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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