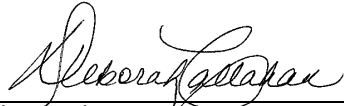


This Evidence of Coverage is issued as a matter of information only and confers no rights upon the evidence holder. This evidence does not amend, extend or alter the coverage afforded by the coverage agreement below and is subject to all the terms, exclusions and conditions of such coverage agreement. As a statutorily authorized and self-funded public entity interlocal cooperative among school and educational service districts, there is no insurance policy involved. Because WSRMP is not an insurance company, we cannot grant “additional insured” status (WAC 200-100-02005 and 02007). This is to certify that the coverage listed below has been issued to the named Covered Member for the period indicated.

<b>Coverage Afforded By:</b>	<b>Covered Member:</b>
Washington Schools Risk Management Pool PO Box 88700 Tukwila, WA 98138-2700	Shoreline School District 18560 1st Ave NE Shoreline, WA 98155 Member #: 17412
<b>Coverage Agreement #:</b>	<b>COV 2019-2020</b>
<b>Coverage Period:</b>	<b>September 1, 2019 through August 31, 2020</b>
<b>Effective Date of Evidence of Coverage:</b>	<b>September 1, 2019</b>
<b>Expiration Date of Evidence of Coverage:</b>	<b>August 31, 2020</b>
<b>Limits Available General Liability Per Occurrence:</b>	<b>\$1,000,000</b>
<b>Limits Available Property:</b>	<b>\$1,000,000</b>
<b>Limits Available Auto Liability:</b>	<b>\$1,000,000</b>
<b>Description of Operations/Locations/Vehicle:</b>	
Activities under the direct supervision of District personnel as respects coverage period September 1, 2019 through August 31, 2020.	
<b>Evidence of Coverage Holder:</b>	<b>Issue Date: September 1, 2019</b>
To Whom It May Concern	 Authorized Signature

Cancellation: Should the above described coverage agreement be cancelled before the expiration date, WSRMP will send 30 days written notice to the evidence of coverage holder named above.