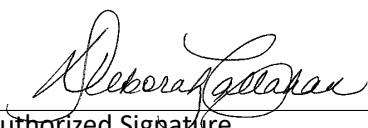


<p>This Evidence of Coverage is issued as a matter of information only and confers no rights upon the evidence holder. This evidence does not amend, extend or alter the coverage afforded by the coverage agreement below and is subject to all the terms, exclusions and conditions of such coverage agreement. This is to certify that the coverage listed below has been issued to the named Covered Member for the period indicated. 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).</p>	
Coverage Afforded By:	Covered Member:
Washington Schools Risk Management Pool PO Box 88700 Tukwila, WA 98138-2700	Northwest Educational Service District 189 1601 R Ave Anacortes, WA 98221 Member #: 29189
Coverage Agreement #:	COV 2018-2019
Coverage Period:	September 1, 2018 through August 31, 2019
Effective Date of Evidence of Coverage:	September 1, 2018
Expiration Date of Evidence of Coverage:	August 31, 2019
Limits Available General Liability:	\$1,000,000-----
Limits Available Property:	\$1,000,000-----
Limits Available Auto Liability:	\$1,000,000-----
Description of Operations/Locations/Vehicle:	
Activities under the direct supervision of District personnel as respects coverage period September 1, 2018 through August 31, 2019.	
Evidence of Coverage Holder:	Issue Date: August 1, 2018
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.