



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/23/2021

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).

<b>PRODUCER</b> <b>TERRY L. GREEN &amp; ASSOCIATES</b> <b>3100 FIVE FORKS TRICKUM RD SW STE 101</b> <b>LILBURN, GA 30047-1887</b> <b>(678) 205-8042</b>	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (678) 205-8042	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> United States Fire Insurance		21113
	<b>INSURER B :</b>		
<b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  <b>Wild Wise, A School of Outdoor Adventure</b> <b>26788 Highland Road</b> <b>Kingston, WA 98346</b>	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                                  **CERTIFICATE NUMBER:** USP318821                                  **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			SRPGAPML-101-0720	07/22/2020 12:01 AM	07/22/2021 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					PRODUCTS - COMP/OP AGG	\$2,000,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00	
	<input type="checkbox"/> _____						EACH OCCURRENCE	\$1,000,000.00	
	<input type="checkbox"/> _____						FIRE DAMAGE (Any one fire)	\$300,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	<b>AUTOMOBILE LIABILITY</b>								
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$		
<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)	\$		
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$		
<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$		
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$								
						EACH OCCURRENCE	\$0.00		
						GENERAL AGGREGATE	\$0.00		
						EACH OCCURRENCE	\$		
						GENERAL AGGREGATE	\$		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
**Camp Activities**  
 The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

<b>CERTIFICATE HOLDER</b>  <b>Kitsap County Parks Department</b> <b>614 Division Street MS#1</b> <b>Port Orchard, WA 98366</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  <p style="text-align: center;"><b>Terry L. Green &amp; Associates</b></p>
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