



School's Out™ Washington

2022 Summer Program Fund Insurance Help

Congratulations on being selected to receive funding from the 2022 Summer Program Fund. To receive payment, you must submit two Certificates of Insurance (COI's) and agree to meet the insurance requirements in the contract.

During the 2021 Summer Program Fund process, many organizations had questions about the insurance requirements, how to obtain Certificates of Insurance, and what those Certificates needed to include. This document is intended to help answer those questions with:

- 1) An overview of the insurance and COI requirements
- 2) Frequently Asked Questions (FAQs)
- 3) Sample COIs

Additionally, funded organizations are encouraged to attend the [2022 Summer Program Fund Orientation](#) on Wednesday, 2/16/22 from 10:00 a.m. – 11:00 a.m.

OVERVIEW

Key Points to Remember

- You will need to work with your insurance broker.
- Your broker will need to see Section VIII F of your contract with School's Out Washington (SOWA), as well as Section 23 of Exhibit I of the contract. Some brokers will want to see the full contract.
- Your broker will prepare both Certificates of Insurance (COI's) and send them to you.
- You need to forward both COI's to summerfunding@schoolsoutwashington.org. Plan on submitting them well before the March 15 deadline in case there are any problems with them.
- Don't wait until the contract is signed to start working with your broker. Contact them **today**.

Insurance Requirements

Insurance is required to receive funding. As noted above, the specific insurance requirements of the contract are found in Section VIII F and in Exhibit I: Section 23. Because the funding for these payments is coming from the Washington State Office of Superintendent of Public Instruction (OSPI), the insurance requirements have been set by the state. By signing the contract, you are agreeing that your organization's insurance meets these requirements. (See FAQ section if you do not have insurance or your insurance does not meet the requirements).

Certificates of Insurance

Both SOWA and OSPI need to be named as additional insureds. Please ask your broker to prepare two COI's: one with SOWA as the additional insured/certificate holder and another with OSPI as the additional insured/certificate holder. Both certificates will be identical except for the name of the additional insured/certificate holder (SOWA or OSPI) and their addresses.

Sample COIs are included at the end of this document. The details on COIs will vary from one organization to another. The ones shown are only examples. Yours may have a variety of differences, including the limits on some coverages. However, all COI's submitted for this contract must include the following (which are highlighted on the sample COI's).

- 1) **Date Issued** – Must be dated 2/7/22 or later. Typically found in the upper right-hand corner of the certificate
- 2) **Effective Date** – Must be effective by 3/15/22
- 3) **Expiration Date** – Must be on or after your last day of 2022 summer programming

Important note about policies expiring before the end of your 2022 summer programming:

Expiration dates are typically tied to the end date of your current insurance policy(s). If the end date of your current policy is before the end of your 2022 summer programming send us the current COIs now, then send us updated COIs when your policy renews. Let your broker know that you will need updated COIs upon renewal. Submit your COI renewals to summerfunding@schoolsoutwashington.org immediately upon policy renewal.

- 4) **Commercial General Liability Section Limits**
 - a) *Each Occurrence* – Must be \$1,000,000 or more
 - b) *Personal & Advertising Injury (abbreviated on COI as "Personal & Adv Injury")* – Must be \$1,000,000 or more
 - c) *Products-Completed Operations (abbreviated on COI as "Products – Comp/Op Agg")* – Must be \$2,000,000 or more
 - d) **Please specify the actual limits rather than just stating "Included"**
- 5) **Automobile Liability** – Combined Single Limit must be \$1,000,000 or more. **Please specify the actual limit rather than just stating "Included"**
(If the services performed under this contract will not involve the use of vehicles, then auto insurance is not required)
- 6) **Description of Operations Section** – The exact language used in this section varies depending on your broker and your policy but minimally it should indicate that the Certificate Holder is included as an additional insured and reference Contract #20220181

7) Certificate Holder

For the COI for SOWA:
School's Out Washington
801 23rd Ave. S, STE A
Seattle, WA 98144

For the COI for OSPI:

The State of Washington, Office of Superintendent of Public Instruction
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

Please remember COIs are due no later than **Tuesday March 15, 2022**. It is strongly recommended that you turn them in as soon as possible so we will have plenty of time to resolve any issues before the March 15 deadline. Both COIs (the one for SOWA and the one for OSPI) should be emailed to summerfunding@schoolsoutwashington.org

Frequently Asked Questions (FAQs)

We do not have insurance. Can we still receive the funding?

You may receive the funding only if you are able to obtain insurance and submit proof of insurance by the March 15, 2022 deadline. If you are not able or willing to obtain insurance, then you cannot receive the funding.

We do not have insurance. How do we go about getting it?

Generally, the first step is to contact an insurance broker. If you do not have insurance of any kind, we recommend you contact other organizations in your community for recommendations as to brokers in your area. If you have some insurance (for example, property insurance) but don't have the types of insurance specified in this contract, contact your current insurance broker and see if they can help you obtain the needed coverage.

We don't have auto insurance. Can we still receive the funding?

Auto insurance in compliance with Exhibit I, Section 23 is required if services performed under this contract involve the use of vehicles owned or operated by the Contractor or if services performed under this contract involve the use of vehicles or the transportation of staff or clients. If the services performed under this contract will not involve the use of vehicles, then auto insurance is not required.

Our contract with SOWA does not include a contract number. Why do we need to include Contract #20220181 on the Certificate of Insurance? #20220181 is the number for the contract between SOWA and OSPI. This helps all parties at SOWA and OSPI match the Certificates to this program.

Our insurance coverage limits are in compliance with most of the requirements but not all. Can we still receive the funds?

Check with your broker about the possibility of increasing your coverage in the needed areas. This is often something that can be done relatively easily. If the increase in limits results in a premium increase, so long as the sole reason you are increasing limits is to comply with this contract, you may use a portion of your 2022 Summer Program funds to cover the increase in the premium.

Our broker says we are in compliance, but they won't issue Certificates of Insurance until the contract has been signed by all parties. I'm worried we won't make the deadline. The person signing the contract on behalf of your organization will receive a signed copy of the contract as soon as it is fully executed. Please let us know how much time your broker needs to prepare the Certificate after the

contract is fully executed. We will do our best to accommodate the time needed, particularly if it will be within 7 days of the time the contract is fully executed. Please be aware that a delay in submitting your COIs may result in a delay in issuing your payment.

Exhibit I of the Contract is the General Terms and Conditions section of SOWA's contract with OSPI. Why does it apply to our contract with SOWA?

It is not uncommon in state contracts for the terms and conditions of the contract to extend to subcontractors. The organizations funded through the 2022 Summer Program Fund are considered subcontractors of SOWA. Section 36 of the General Terms and Conditions requires us to include these in all subcontracts: *"Contractor is responsible to ensure that all terms, conditions, assurances and certifications set forth in this Contract are included in any and all Subcontracts."*

The insurance section of the contract, including Exhibit I seems pretty technical. How do we know if we're in compliance? As noted above, check with your insurance broker. They will likely ask for a copy of the insurance sections of the contract, and can usually determine whether you are in compliance fairly quickly.

Still need help? If you still have questions or are encountering difficulties, challenges, or significant barriers in meeting insurance requirements even after consulting your broker, please contact us at summerfunding@schoolsoutwashington.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

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).

PRODUCER Your insurance broker (example:Alliant Insurance) Your insurance broker's address	CONTACT NAME: Name of the person at broker to contact about this certificate PHONE (A/C, No, Ext): Phone # of that individual FAX (A/C, No): E-MAIL ADDRESS: Email of that individual <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; border-bottom: 1px solid black;">NAIC #</th> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A: Name of the insurance carrier (example "AMCO")</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B: Name of additional insurance carrier</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C: Additional carriers in Row C-F if needed</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F:</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Name of the insurance carrier (example "AMCO")			INSURER B: Name of additional insurance carrier			INSURER C: Additional carriers in Row C-F if needed			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER:

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	GENERAL LIABILITY			Your policy #	03/01/2022	02/28/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY			Your policy #	03/01/2022	02/28/2023	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	UMBRELLA LIAB						BODILY INJURY (Per accident) \$
	EXCESS LIAB						PROPERTY DAMAGE (Per accident) \$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

Sample Only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

School's Out Washington shall be specifically named as additional insured For Contract #20220181

CERTIFICATE HOLDER

CANCELLATION

School's Out Washington
 801 23rd Ave. S, STE A
 Seattle, WA 98144

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
 Signed - Broker's Signature



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DATE (MM/DD/YYYY)

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	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$
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Sample Only

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The State of Washington, Office of Superintendent of Public Instruction shall be specifically named as additional insured For Contract #20220181

CERTIFICATE HOLDER

CANCELLATION

The State of Washington, Office of Superintendent of Public Instruction Old Capitol Building PO Box 47200 Olympia, WA 98504-7200	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 Signed - Broker's Signature
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