



MEMBER CERTIFICATE OF INSURANCE

08/27/2024

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Named Insured Member (mailing address):

Interlake Spirit Booster Club
 Scott Boyd or Current Officer
 16245 NE 24th St
 Bellevue,WA 98008

Named Insured & Mailing Address

Education Support Purchasing Group
 c/o AIM
 P.O. Box 742946
 Dallas, TX 75374-2946

Producer Name

AIM Association Insurance
 Management, Inc.
 P.O. Box 742946
 Dallas, TX 75374-2946

Named Insured Member (physical address):

16245 NE 24th St
 Bellevue,WA 98008

Insured #: WA076279

Coverage	Policy #	Effective Dates	Deductible	Limits of Insurance
General Liability Concert Specialty Insurance Company	GL2024AIM14681	10/13/24 - 10/13/25	\$0	Per Occurrence \$1,000,000
		10/13/24 - 10/13/25		Damage to Rented Premises \$50,000
		10/13/24 - 10/13/25		Extended Medical \$5,000
		10/13/24 - 10/13/25		Personal & Advertising Injury \$1,000,000 General Aggregate \$2,000,000
Fidelity Bond (Crime) Concert Specialty Insurance Company	CR2024AIM11147	10/13/24 - 10/13/25	\$250	Products - Comp/Ops \$2,000,000
				Per Occurrence / Aggregate \$50,000
Property (Business Personal) Concert Specialty Insurance Company	IM2024AIM02283	10/13/24 - 10/13/25	\$250	Per Occurrence / Aggregate \$10,000
Directors and Officers Concert Specialty Insurance Company	DO2024AIM12549	10/13/24 - 10/13/25	\$0	Per Occurrence / Aggregate \$1,000,000

Retroactive Date:10/13/2023

Print Date: 8/27/2024

Certificate Holder:
Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

A handwritten signature in black ink, appearing to read "EB [unclear]".



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Retroactive Date:10/13/2023

Bellevue School District is added as an additional insured under the General Liability policy only.

Print Date: 8/27/2024

Certificate Holder:

Bellevue School District
12037 NE 5th Street
BELLEVUE, WA 98005

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE

A handwritten signature in black ink, appearing to read "EB [unclear]", is written over a light blue horizontal line.