



UNDEFIN-01

HREEDER

DATE (MM/DD/YYYY)  
2/11/2026

## CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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 <b>WAFD Insurance Group, Inc.</b> 513 Cleveland Ave Caldwell, ID 83605	CONTACT Heidi Reeder NAME: PHONE (A/C, No, Ext): (208) 344-6565 E-MAIL ADDRESS: heidir@wafdinsurance.com	FAX (A/C, No): (208) 344-7398
	INSURER(S) AFFORDING COVERAGE <b>INSURER A : Western National Mutual Insurance Company</b>	NAIC # <b>15377</b>
INSURED  <b>Undefined</b> 119 1st Avenue NW #370 Ephrata, WA 98823	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CPP 1379535	8/11/2025	8/11/2026	EACH OCCURRENCE	\$	<b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$	<b>100,000</b>	
	MED EXP (Any one person)					\$	<b>5,000</b>	
	PERSONAL & ADV INJURY					\$	<b>1,000,000</b>	
	GENERAL AGGREGATE					\$	<b>2,000,000</b>	
PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>						
OTHER:	\$							
<b>AUTOMOBILE LIABILITY</b>								
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$	
	Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
<b>UMBRELLA LIAB</b>								
	EXCESS LIAB					EACH OCCURRENCE	\$	
	OCCUR CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

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

**CG MU 1078 06 22 GENERAL LIABILITY SPECIALTY SOLUTIONS ENHANCEMENT**

re: March 21, 2026 event

## CERTIFICATE HOLDER

## CANCELLATION

Pan Eros Foundation d/b/a Gallery Erato  
309 1st Ave S  
Seattle, WA 98104

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