

Western National Mutual Insurance Company
4700 West 77th Street
Edina, MN 55435
www.wnins.com
A Mutual Company



WN IL 49 07 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

**Policy Change
Number 001**

| | | |
|--|---|--|
| POLICY NUMBER CPP 1379535 00 GROUP NUMBER 0001250975 | POLICY CHANGES EFFECTIVE 09/19/2025 | COMPANY Western National Mutual Insurance Company |
| NAMED INSURED UNDEFINED 119 1ST AVENUE NW #370 EPHRATA WA 98823 | | AUTHORIZED REPRESENTATIVE 08522 360-629-2103 WAFD INSURANCE GROUP INC PO BOX 457 STANWOOD, WA 98292-0457 |
| COVERAGE PARTS AFFECTED | | |
| CHANGES | | |
| DELETE TOTAL LIQUOR LIABILITY EXCLUSION PER FORM WNGL36 | | |

Authorized Representative Signature

| | | | | | | |
|------------------|-----------------------------------|----|-----------------------|----|-------------------|-----------------------|
| [X] NO CHANGES | [] TO BE ADJUSTED AT AUDIT | \$ | ADDITIONAL PREMIUM | \$ | RETURN PREMIUM | NEW ANNUAL PREMIUM |
| | | \$ | | \$ | | \$1,302.00 |

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COMMERCIAL GENERAL LIABILITY COVERAGE PART

Group # 0001250975
Policy # CPP 1379535 00

Policy Period: From AUGUST 11, 2025 To AUGUST 11, 2026
 12:01 A.M. standard time at the Named Insured's mailing address.

Transaction AMENDED DECLARATION

Effective: SEPTEMBER 19, 2025

Additional/Return Premium Due: \$0.00

Insured Name and Address

UNDEFINED
 119 1ST AVENUE NW #370
 EPHRATA WA 98823

Agent

WAFD INSURANCE GROUP INC
 PO BOX 457
 STANWOOD, WA 98292-0457

08522

Telephone: 360-629-2103

Business Description

COMMUNITY ADVOCACY

Type of Business

CORPORATION

Audit Period

ANNUAL

Billing Type

DIRECT

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

| | |
|---|--------------|
| General Aggregate Limit (Other than Products-Completed Operations) | \$ 2,000,000 |
| Products - Completed Operations Aggregate Limit | \$ 2,000,000 |
| Each Occurrence Limit | \$ 1,000,000 |
| Personal and Advertising Injury Limit, any one person or organization | \$ 1,000,000 |
| Medical Expense Limit, any one person | \$ 5,000 |
| Damage to Premises Rented to you, any one premises | \$ 100,000 |

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Refer to attached schedule.

CLASSIFICATIONS

Refer to attached schedule.

PREMIUM FOR THIS COVERAGE PART \$ 1,302.00

DISCLOSURE OF PREMIUM:

The portion of your annual premium attributable to coverage for certified acts of terrorism is \$ 3.00

Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

**COMMERCIAL GENERAL LIABILITY
 EXTENSION OF DECLARATIONS**

LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

001
 119 1ST AVENUE NW #370
 EPHRATA WA 98823

PREMIUM

| Location | Classification Code No. | Exposure | Premium | Rate | Advance Premium | |
|--|-------------------------|---|---------|-----------|-----------------|-----------|
| | | | Base* | Prem.Ops. | Prod/Comp Ops. | Prem/Ops. |
| 001 | 47367 | \$50,000 SALES OR SERVICE ORGANIZATIONS | P | 0.791 | INCL | \$40 |
| "Products - completed operations are subject to the General Aggregate Limit" | | | | | | |
| 001 | 48610 | 2 SPORTS OR OUTDOOR ACTIVITIES-COMMERCIALLY OPERATED | T | 274.500 | INCL | \$549 |
| "Products - completed operations are subject to the General Aggregate Limit" | | | | | | |

- * - A = Area
- * - C = Total Cost
- * - E = Each
- * - M = Admissions
- * - O = Total Operating Expenses
- * - P = Payroll
- * - S = Gross Sales
- * - T = See Classification Notes
- * - U = Units

Extension of Declarations --Total Advance Annual Premium \$589

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Policy Number: CPP 1379535 00
AMENDED DECLARATION
Named Insured:
UNDEFINED

COMMERCIAL GENERAL LIABILITY CLASSIFICATION SCHEDULE

| Loc | St | Terr | Code | Premium Base | Exposure | Rate | Per | Cov | Premium |
|----------------------------|----|------|-------|--|----------|------|-----|--------|---------|
| Classification Description | | | | | | | | | |
| 000 | WA | 002 | 44444 | | 1 | | N/A | SEXMOL | \$96 |
| | | | | ABUSE AND SEXUAL MOLESTATION | | | | | |
| 000 | WA | | 44444 | | | | N/A | SPLENH | \$75 |
| | | | | GENERAL LIABILITY SPECIALTY ENHANCEMENT | | | | | |
| | | | | CGMU1078 - GENERAL LIABILITY SPECIALTY ENHANCEMENT | | | | | |

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4700 West 77th Street
Edina, MN 55435
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Policy Number: CPP 1379535 00
Named Insured:
UNDEFINED

PREMIUM FOR THIS DIRECTORS, OFFICERS AND TRUSTEES COVERAGE \$00.00

*Included in General Liability premium

GENERAL LIABILITY
NOT-FOR-PROFIT ORGANIZATION DIRECTORS, OFFICERS AND TRUSTEES
LIABILITY COVERAGE ENDORSEMENT
SUPPLEMENTAL DECLARATIONS

NOTICE

EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS COVERAGE ENDORSEMENT IS LIMITED FOR ONLY THOSE CLAIMS OR SUITS THAT ARE FIRST MADE AGAINST THE INSUREDS DURING THE DIRECTORS, OFFICERS AND TRUSTEES COVERAGE PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. VARIOUS PROVISIONS IN THIS COVERAGE ENDORSEMENT RESTRICT COVERAGE. PLEASE READ THE ENTIRE COVERAGE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

DEFENSE WITHIN LIMITS NOTICE

THIS POLICY IS WRITTEN ON A "DEFENSE EXPENSES" WITHIN LIMITS BASIS. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY "DEFENSE EXPENSES" AND WE HAVE NO LIABILITY FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMITS STATED IN YOUR POLICY.

| | | |
|----------------------------|--|--|
| Coverage Period: | From: 08/11/2025 To: 08/11/2026 | At 12:01 A.M. Standard Time at your mailing address shown on the Declarations page of this policy. |
| Limit of Liability: | \$1,000,000 \$1,000,000 \$ 0 | Each "Claim" Total Aggregate Limit Self-Insured Retention |
| Retroactive Date: | | If no date is shown, we will consider the Retroactive Date to be the policy inception date. The Retroactive Date will remain the same through all subsequent renewals. No change will be made to the Retroactive Date unless at the sole request of the insured. |

This insurance does not apply to "claims" arising out of an error or omission that arises out of incidents or circumstances of which you had knowledge prior to the effective date of this Directors, Officers And Trustees Coverage Endorsement or the first Directors, Officers And Trustees Coverage Endorsement issued by us of which this Directors, Officers And Trustees Coverage Endorsement is an uninterrupted renewal.

Forms and Endorsements Applicable to this Policy

| |
|--|
| See Forms and Endorsements Schedule |
|--|

PREMIUM FOR THIS EPL COVERAGE FORM \$239.00

* Included in General Liability premium

COMMERCIAL GENERAL LIABILITY
EMPLOYMENT PRACTICES LIABILITY COVERAGE ENDORSEMENT
SUPPLEMENTAL DECLARATIONS

NOTICE

- EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS EPL COVERAGE IS LIMITED FOR ONLY THOSE CLAIMS OR SUITS THAT ARE FIRST MADE AGAINST THE INSUREDS DURING THE EPL COVERAGE PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. VARIOUS PROVISIONS IN THIS COVERAGE ENDORSEMENT RESTRICT COVERAGE. PLEASE READ THE ENTIRE COVERAGE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.
- THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS UNDER THIS COVERAGE ENDORSEMENT SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

| | | |
|------------------------------------|--|--|
| EPL Coverage Period: | From: 08/11/2025 To: 08/11/2026 | At 12:01 A.M. Standard Time at your mailing address shown on the Declarations page of this policy. |
| EPL Aggregate Limit of Liability: | \$ 100,000 | Aggregate for all "loss" combined, including "defense costs". |
| EPL Deductible Amount: | \$ 5,000 | For "loss" arising from claims or suits alleging the same "wrongful employment act" or "related wrongful employment acts". |
| EPL Retroactive Date: | | If no date is shown, "we" will consider the EPL Retroactive Date to be the date of organization of the "named insured". The EPL Retroactive Date will remain the same through all subsequent renewals. No change will be made to the EPL Retroactive Date unless at the sole request of the insured. |
| Third Party Violations (optional): | <input type="checkbox"/> | If coverage for Third Party Violations has been paid for, the box to the left will be checked and coverage is in force. If the box is not checked, there is no coverage available for Third Party Violations. |

This insurance does not apply to "loss" arising out of a "wrongful employment act" that arises out of incidents or circumstances of which "you" had knowledge prior to the effective date of this EPL Coverage Endorsement or the first EPL Coverage Endorsement issued by "us" of which this EPL Coverage is an uninterrupted renewal.

Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

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Policy Number: CPP 1379535 00
AMENDED DECLARATION
Named Insured:
UNDEFINED

LOCATION ADDRESS SCHEDULE

Prem # 001
119 1ST AVENUE NW #370
EHRATA, WA 98823

FORMS AND ENDORSEMENTS SCHEDULE

| Coverage Line | Form Number | Ed. Date | Description |
|-------------------|-------------|----------|--------------------------------|
| General Liability | IL0123 | (11/13) | WA Changes - Defense Costs |
| General Liability | IL0146 | (08/10) | WA Common Policy Conditions |
| General Liability | IL0198 | (09/08) | Nuclear Energy Liab Excl Endt |
| General Liability | CG0001 | (04/13) | Comm'l Gen Liab Coverage Form |
| General Liability | CG0181 | (05/08) | WA Changes |
| General Liability | CG0197 | (12/07) | WA Chgs-Empl-Related Practices |
| General Liability | CG2106 | (05/14) | Excl-Access or Disclosure |
| General Liability | CG2109 | (06/15) | Exclusion-Unmanned Aircraft |
| General Liability | CG2171 | (01/15) | Excl Oth Acts Terr Outside US |
| General Liability | CG2176 | (01/15) | Excl Punitive Damages |
| General Liability | CG2426 | (04/13) | Amendment of Ins. Contract Def |
| General Liability | CG3220 | (01/15) | WA-Cond Excl of Terrorism |
| General Liability | CG4032 | (05/23) | CGL PFAS Exclusion |
| General Liability | CGMU1078 | (06/22) | Gen Liab Specialty Solutions |
| General Liability | CGMU1129 | (12/20) | Exclusion-Assault or Battery |
| General Liability | CGMU1238 | (12/20) | D&O Coverage Endorsement |
| General Liability | CGMU387 | (12/20) | Exclusion-Discrimination |
| General Liability | CGMU431 | (12/20) | Excl-Ammunition or Fireworks |
| General Liability | CGMU448 | (12/20) | Excess Provision |
| General Liability | CGMU505 | (12/20) | Exclusion-Trampolines |
| General Liability | CGMU588 | (12/20) | Excl-Mech Op Amusement Devices |
| General Liability | CGMU973 | (12/20) | Ltd Sexual or Phys Abuse Liab |
| General Liability | WNGL02 | (07/10) | Punitive Damages Exclusion |
| General Liability | WNGL10 | (01/04) | Excl-Lead Liability Endt |
| General Liability | WNGL15 | (12/16) | Exclusion-Asbestos |
| General Liability | WNGL74 | (11/11) | EPL Coverage Endorsement |
| General Liability | WNGL79 | (11/11) | Washington Changes |