


TOURISM PROMOTION PROGRAM • APPLICATION FOR FUNDING

APPLICANT INFORMATION

TYPE OF PROPOSAL

SUBMISSION REQUIREMENTS

Project Title: Wayzgoose Kitsap Arts Festival
 Project Dates: Beginning: 09/04/2021 Ending: 09/05/2021
 Name of Organization Wayzgoose Kitsap Web Site www.wayzgoosekitsap.com
 Mailing Address: P.O. Box 1317, Bremerton, WA 98337
 Contact Person: Hadley Cook-Dryden E-Mail: hadlink4ever@gmail.com Phone: 253-514-9006
 Amount Requested: \$ 8,000 Total Project Cost: \$ 51,700
 Portion of Total Project Cost Requested: 6.5 (%)
 Signature of Authorized Representative 

 Tourism Infrastructure:

Support tourism-related facilities, which is defined as real or tangible personal property with a usable life of three or more years or constructed with volunteer labor and used to support tourism, performing arts, or to accommodate tourist activities.

 Tourism Marketing Activities:

Activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of special events and festivals designed to attract tourists (*not a current funding priority*).

APPLICANTS MUST SUBMIT THE FOLLOWING:

1. A one-page budget including all income and expenses for the entire project (including matching funds and in-kind contributions) and clearly showing expenses for which County lodging tax dollars will be used.
2. Documentation of non-profit status.
3. Your organization's most recent tax return or most recent annual financial statement created by an independent source should a tax return not be available. Other documentation showing financial viability may be considered if agency is newly created and the documentation is prepared by an independent source.
4. A two-page document including a description of the proposed project with an explanation of how it will assist in building tourism and/or promoting events or activities that will bring tourists to Kitsap County. Include marketing plans and examples of performance indicators and well as plans for future sustainability. For more information see the included template.
5. No additional materials will be accepted.
6. If these basic criteria are not met, the application will not be reviewed
7. Certificate of Insurance evidencing that any required insurance coverages are, or will be, in effect through the 2021 calendar year.

Send Completed Application and Required Documentation to:

Please submit by mail to: OR

MAILING ADDRESS

Vicki Martin, Buyer
 Kitsap County Purchasing Office
 614 Division Street, MS-7
 Port Orchard, WA 98366

Hand deliver to:

PHYSICAL ADDRESS

Vicki Martin, Buyer
 Kitsap County Administration Building
 Purchasing Office – Fourth Floor
 619 Division Street
 Port Orchard, WA 98366

All documentation must be received by deadline and contain ALL submission requirements to be considered for funding. *Please provide (7) copies of submission package without staples.*
 Questions? Call Vicki Martin at 360.337.4788 or e-mail vmartin@co.kitsap.wa.us

Wayzgoose Kitsap

BUDGET OVERVIEW: FY 2020 BUDGET - FY20 P&L

January - December 2020

	TOTAL
Income	
Contributed Revenue	47,500.00
Earned Income	10,500.00
Total Income	\$58,000.00
GROSS PROFIT	\$58,000.00
Expenses	
Development Expenses	300.00
Office Expenses	600.00
Operational Expenses	2,800.00
PayPal Fees	300.00
Personnel Expenses	300.00
Professional Services	24,410.00
WG Festival Expenses	
Artist Supplies & Materials	6,540.00
Event Insurance	600.00
Event Professional Services	4,500.00
Facility Usage/Permit Fee	100.00
Festival Clean Up	100.00
Festival Supplies	1,500.00
Merchandise	1,500.00
Vendor Management	300.00
Volunteer Management	750.00
WG Marketing	
Advertising	
Banners	600.00
Chalk Artwork	800.00
Facebook Ads	100.00
Kitsap Sun Ads	1,000.00
Rack Cards	1,400.00
SeeFilm Commercial	1,450.00
Total Advertising	5,350.00
Community Events	350.00
Featured Artist for Posters	300.00
Letterpress Posters	500.00
Post Card	300.00
Posters	150.00
Yard Signs	150.00
Total WG Marketing	7,100.00
Total WG Festival Expenses	22,990.00
Total Expenses	\$51,700.00
NET OPERATING INCOME	\$6,300.00
NET INCOME	\$6,300.00

Wayzgoose Kitsap

BUDGET OVERVIEW: FY 2020 BUDGET - FY20 P&L

January - December 2020

Washington State Department of Revenue

Services Business Lookup WAYZGOOSE KITSAP

License information:

[New search](#) [Back to results](#)

Entity name: WAYZGOOSE KITSAP

Business name: WAYZGOOSE KITSAP

Entity type: [Nonprofit Corporation](#)

UBI #: 604-213-276

Business ID: 001

Location ID: 0001

Location: Active

Location address: 904 HIGHLAND AVE
BREMERTON WA 98337-1825

Mailing address: 904 HIGHLAND AVE
BREMERTON WA 98337-1825

Excise tax and reseller permit status: [Click here](#)

Secretary of State status: [Click here](#)

Governing People *May include governing people not registered with Secretary of State*

Governing people	Title
BOCKELIE, MARIT	
TAPIA, TERRA	

Registered Trade Names

Registered trade names	Status	First issued
KITSAP WAYZGOOSE	Active	Mar-01-2018

The Business Lookup information is updated nightly. Search date and time: 8/13/2020 11:02:31 AM

Working together to fund Washington's future

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization WAYZGOOSE KITSAP		D Employer identification number 82-4144657
	Number and street (or P.O. box if mail is not delivered to street address) 602 PACIFIC AVE STE 1317	Room/suite	E Telephone number (360) 620-8967
	City or town, state or province, country, and ZIP or foreign postal code BREMERTON, WA 98337		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 61,633.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	46,886.
	2	Program service revenue including government fees and contracts	2	14,747.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 1,157. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,633.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	27,614.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,212.
	16	Other expenses (describe in Schedule O) See Line 16. Stmt	16	26,558.
17	Total expenses. Add lines 10 through 16	17	55,384.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,249.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,384.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,633.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		x
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		x
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		x
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	x
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>MARIT BOCKELIE</u> Telephone no. ▶ (360) 830-6233 Located at ▶ <u>423 PACIFIC AVE, BREMERTON WA</u> ZIP + 4 ▶ <u>98337</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	x
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____	42c	x
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	x
c	Did the organization receive any payments for indoor tanning services during the year?	44c	x
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	x

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARIT BOCKELIE, DIRECTOR	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jonee Dubos	Preparer's signature Jonee Dubos	Date	Check <input type="checkbox"/> if self-employed	PTIN P00378351
	Firm's name ▶ JD and ASSOCIATES INC			Firm's EIN ▶ 20-0416403	
	Firm's address ▶ 3331 Kitsap Way, Suite C, Bremerton, WA 98312			Phone no. (360) 782-1212	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No



Description of Proposed Project

As an organization centered in Kitsap County, Wayzgoose Kitsap focuses on three levels of marketing efforts in order to promote our festival, including local community support, extended programming and engaging with industry leaders. On the local level we utilized the local arts scene and artmaking champions in Kitsap County. Wayzgoose is committed to collaborating and aligning our festival with the Blackberry festival over Labor Day weekend. Furthermore, we draw tourism by hosting a conference all about printmaking. Further plans include extending this to a weeklong conference. Fostering relationships with global industry leaders such as Ladies of Letterpress, which will draw in artists from all over the world, is a high priority. As well Wayzgoose is a leader in creating a strong community of artists, not just in Kitsap County, but in Washington State. Artists and vendors from across the state will not only enrich our festival but drive attendance to Kitsap County for the weekend of the festival.

Wayzgoose Kitsap has a strong online marketing presence as well as being committed to involvement with community events throughout the year, such as Bridging Bremerton, Art Walks and Farm Funk. We have partnered with local establishments to host "carve" parties in the months leading up to the festival to support the artists as well as local businesses. We aim to extend this involvement to include the Port Orchard Night Market and businesses around Kitsap County. We will continue our partnership with the Washington State Ferries with rack cards and a digital commercial and Kitsap Sun for advertising leading up the event.

Wayzgoose Kitsap is committed to be an inclusive organization and providing access to anyone interested in printmaking or the arts. Our festival is free and open to the public to aid this commitment. Not only are steamrollers at the heart of the festival in the streets of downtown Bremerton they are a huge draw for crowds of all ages. Our commitment includes activities for all ages, including a fun and interactive kids crafts table, where parents could take their kids to "get inky" and experience the fun of making art in their own way.



Wayzgoose Kitsap reach is focused not only locally in Kitsap County but extends throughout the Kitsap Peninsula and beyond. By partnering with the Washington State ferries for a portion of our marketing we are not only reaching commuters around the area, but also a large number of tourists who utilize the state ferries for transportation and tourism throughout the year. Collaboration with the Blackberry Festival on Labor Day weekend is a key initiative benefiting all parties involved. As our festival will be a two-day event, we invite visitors to stay within Kitsap County overnight to enjoy the full experience. With our growing relationship with the Ladies of Letterpress we have goals to include a printing convention as part of our festival, where professional printers can join us from all over the country to learn about printmaking.

History of Organization/Event

Wayzgoose Kitsap held its inaugural event on Labor Day weekend of 2018 with resounding success. By our estimates we drew in 3,000 visitors to our festival with roughly 100 of those staying overnight in Kitsap County. In 2019 we surpassed our goals and drew over 5,000 visitors, as well as increased overnight stays to 150. In 2020 due to the impact of Covid-19 we had to pivot and decided to take our festival virtual while printing over the course of four weeks.

The team behind Wayzgoose Kitsap is a group of local artists, designers and printers along with volunteers from the community that include real estate agents, small business owners and other professionals. The board for Wayzgoose Kitsap is made up of volunteers who meet monthly to develop long term logistics and then once a week in the final month leading up to the festival. Since the Wayzgoose Kitsap Art Festival in 2019 we have seen an increase in volunteer interest, including adding members to our board to fill out specific roles and day of volunteering sign ups.

Scope of Work

The process for our project begins with collaborative marketing within the Kitsap County community, promoting patronage and support for local businesses. From year to year it



is Wayzgoose Kitsap's intention to continue to collaborate with others to promote tourism and nurture the arts culture throughout Kitsap County. As we grow, we will continue to foster relationships with artists, businesses, politicians, civic leaders and other pillars of the Kitsap County Community.

We are still focusing on our alliance with the Ladies of Letterpress, an international trade organization for letterpress printers and print enthusiasts. Through this alliance we hope to host a regional conference annually, in Bremerton and include some of the surrounding areas of Kitsap County.

Project Timeline

Linoleum panels for the virtual steamroller printing over the course of four weeks were distributed to the selected artists in May for the 2020. We have been keeping in touch with our artists through email and social media in lieu of carve parties for 2020. We have been coordinating with previous vendors to come up with ideas for a holiday vendor event. Vendors will be featured on social media during the holiday season after we have wrapped our printing schedule.

The 2020 virtual festival will run from August 25th through September 19th. Print times will be from 11 am to 8 pm and 9 am to 3 pm on Saturdays.

While in the wake of Covid-19 we had to make some major changes to our event, it is Wayzgoose Kitsap's intention to hold a live festival in 2021 over Labor Day weekend, making the dates September 4th and 5th.

Any print and design conference and film festival dates will fall in the week leading up to the festival, in hopes of gathering energy and excitement for the main event.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2020

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 TAPCO UNDERWRITERS (KRAFT LAKE) PO Box 286 Burlington, NC 27216	CONTACT NAME		
	PHONE (A/C No, Ext):	FAX (A/C No):	
	EMAIL ADDRESS:		
INSURED WAYZGOOSE KITSAP PO BOX 1317 BREMERTON, WA 98337	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Farmers Insurance Group		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			606795758	06/05/2020	006/05/2021	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)	\$1,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
							PRODUCTS-COMP/OP AGG	See L-535
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

Convention-Professional - Downtown Business Assoc are named as additional insureds with respect to general liability - L-820 12/18 Special Events Blanket Additional Insured Endorsement is part of this policy.

CERTIFICATE HOLDER

CANCELLATION

Kitsap County
614 Division ST, MS-7
Port Orchard, WA 98366

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



ADDITIONAL REMARKS SCHEDULE

AGENCY TAPCO UNDERWRITERS (KRAFT LAKE)		INSURED WAYZGOOSE KITSAP PO BOX 1317 BREMERTON, WA 98337	
POLICY NUMBER CL 2752055			
CARRIER Mount Vernon Fire Insurance Company	NAIC CODE 26522	EFFECTIVE DATE: 8/31/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

COVERAGE PART	LIMITS
Commercial Liability	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	See L-535
General Aggregate Limit	\$1,000,000