

*Interlocal
Agreements*

A G R E E M E N T

This is an Agreement for the use of real property, entered into between KITSAP TRANSIT, INC., a Municipal Corporation of the State of Washington and MASON COUNTY, a Municipal Corporation of the State of Washington, located at Shelton, Washington.

WITNESSETH:

I.

RECITALS

1. MASON COUNTY is the owner of real property located on Beck Road. Located on said real property is a parking lot.

2. KITSAP TRANSIT, in order to provide public transportation service, desires to use the parking lot for night and/or weekend storage.

NOW, THEREFORE, in consideration of the premises and of the covenants and agreements herein contained, the parties hereby agree as follows:

II.

AGREEMENT

3. MASON COUNTY hereby agrees that KITSAP TRANSIT may use its parking lot located on the above-mentioned real property for purposes of night and/or weekend storage. This use is permissive, and does not constitute a lease or a grant of other real property interest to KITSAP TRANSIT. The use granted herein may be revoked at any time by MASON COUNTY.

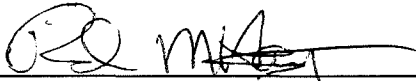
4. KITSAP TRANSIT agrees to repair any damage to the parking lot and/or facilities done by its agents or customers.

5. KITSAP TRANSIT agrees to hold MASON COUNTY harmless from any claim for damage to property or persons arising from the use of the parking lot as night and/or weekend storage, whether said claim be based upon the negligence of KITSAP TRANSIT and its agents, or the customers of KITSAP TRANSIT. KITSAP TRANSIT further agrees to include MASON COUNTY as a named insured for this property.

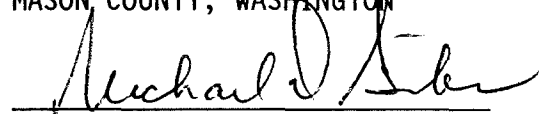
DATED this 10th day of July, 1990.

KITSAP TRANSIT, INC.

BOARD OF COUNTY COMMISSIONERS
MASON COUNTY, WASHINGTON



By: RICHARD HAYES, EXECUTIVE
DIRECTOR, pursuant to
authority of Resolution
No. 83-102



By: Chairperson

ATTEST:



CLERK OF THE BOARD OF
MASON COUNTY COMMISSIONERS

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/11/90

PRODUCER

Arthur J. Gallagher & Co.
P.O. Box 24809
Denver, CO 80224

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

CODE SUB-CODE

INSURED

Washington State Transit Insurance Pool
and ~~Kitco Transit~~
c/o Community Transit
8905 Airport Road
Everett, WA 98204-1462

- COMPANY LETTER **A** Washington State Transit Insurance Pool
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	WSTIP-90	01/01/90	01/01/91	PRODUCTS-COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ 250, EACH OCCURRENCE \$ 250, FIRE DAMAGE (Any one fire) \$ 250, MEDICAL EXPENSE (Any one person) \$ 250,
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 250,
A X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X GARAGE LIABILITY X Garage Keepers' Legal	WSTIP-90	01/01/90	01/01/91	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE—POLICY LIMIT) \$ (DISEASE—EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

RE: Park & Ride Lot for Bus/Driver's vehicles, North County Sheet, Belfair, WA
Certificate Holder is additional insured MTMA

CERTIFICATE HOLDER

Roger Lovitt, E, R&R Director
Mason County Officers & Employees
411 No. 5th Street 386
Shelton, WA 98584

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/11/90

PRODUCER

Arthur J. Gallagher & Co.
P.O. Box 24809
Denver, CO 80224

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COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** GenStar National Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

Washington State Transit Insurance Pool
and Kitsap Transit
c/o Community Transit
8905 Airport Road
Everett, WA 98204-1462

COVERAGES

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GENERAL LIABILITY					
A X	COMMERCIAL GENERAL LIABILITY	NMR 100725A	01/01/90	01/01/91	GENERAL AGGREGATE \$
X	CLAIMS MADE X OCCUR.				PRODUCTS-COMP/OPS AGGREGATE \$
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADVERTISING INJURY \$ 4,750,
X	Excess of SIR				EACH OCCURRENCE \$ 4,750,
					FIRE DAMAGE (Any one fire) \$ 4,750,
					MEDICAL EXPENSE (Any one person) \$ 5,
AUTOMOBILE LIABILITY					
A X	ANY AUTO	NMR 100725A	01/01/90	01/01/91	COMBINED SINGLE LIMIT \$ 4,750,
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
X	GARAGE LIABILITY /Garagekeepers'				
X	Excess of SIR				
EXCESS LIABILITY					
	OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					
					STATUTORY \$ (EACH ACCIDENT)
					\$ (DISEASE-POLICY LIMIT)
					\$ (DISEASE-EACH EMPLOYEE)
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Park & Ride Lot for Bus/Driver's vehicles, North County Shed, Belfair, WA
Certificate holder is additional insured ATIMA

CERTIFICATE HOLDER

Roger Lovitt, E, R&R Director
Mason County Officers & Employees
411 No. 5th Street 386
Shelton, WA 98584

CANCELLATION

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AUTHORIZED REPRESENTATIVE

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
1/11/1996

PRODUCER

Arthur J. Gallagher & Co.
P.O. Box 24809
Denver, CO 80224
(303) 773-9999

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COMPANIES AFFORDING COVERAGE

COMPANY A	WA State Transit Ins. Pool
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

WA State Transit Ins. Pool
& Kitsap Transit System
2639 Parkmont Lane SW, Ste B
Olympia WA 98502

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PRODUCT AGG APPLIES/MEMBR	WSTIP-96	01/01/96	01/01/97	GENERAL AGGREGATE	\$None
	PRODUCTS - COMP/OP AGG				\$5,000,000	
					PERSONAL & ADV INJURY	\$5,000,000
					EACH OCCURRENCE	\$5,000,000
					FIRE DAMAGE (Any one fire)	\$1,000,000
					MED EXP (Any one person)	\$10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	WSTIP-96	01/01/96	01/01/97	COMBINED SINGLE LIMIT	\$5,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> GKLL	WSTIP-96	01/01/96	01/01/97	AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$5,000,000
					AGGREGATE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$
A	OTHER Auto Phys Damg Comp/Collision	WSTIP-96	01/01/96	01/01/97	\$100,000 \$50,000	Per Occ Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: PARK& RIDE LOST FOR BUS/DRIVER'S VEHICLES, NORTH COUNTY SHED, BELFAIR, WA. CERTIFICATE HOLDER IS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

MASON COUNTY OFFICERS & EMPLOYEES
ATTN: ROGER LOVITT, R&R DIRECTOR
411 N 5TH STREET
SHELTON WA 98584

CANCELLATION

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AUTHORIZED REPRESENTATIVE

