This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person Or Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snohomish County, its officers, elected officials, agents and employees</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in Section II - Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

To the extent that any of the additional insured named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insured under this endorsement is primary insurance over any other valid or collectible insurance which the additional insured may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

An additional premium of $____ is fully earned at the time of issue.
Dear Policyholder:

We know you work hard to build your business. We work together with your agent, BELLTOWN INSURANCE GROUP INC (206) 443-7744 to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

- Commercial Package

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (206) 443-7744

Verify that all information is correct
- If you have any changes, please contact your Agent at (206) 443-7744
- In case of a claim, call your Agent or 1-844-325-2467

You Need To Know
- CONTINUED ON NEXT PAGE

To report a claim, call your Agent or 1-844-325-2467

DS 70 20 01 08
You Need To Know - continued

- NOTICE(S) TO POLICYHOLDER(S)
  The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNI90 11 07 18</td>
<td>Reporting A Commercial Claim 24 Hours A Day</td>
</tr>
<tr>
<td>NP 72 42 02 20</td>
<td>Terrorism Insurance Premium Disclosure And Opportunity To Reject</td>
</tr>
<tr>
<td>NP 74 06 01 06</td>
<td>Flood Insurance Notice</td>
</tr>
<tr>
<td>NP 74 44 09 06</td>
<td>U.S. Treasury Department’s Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders</td>
</tr>
<tr>
<td>NP 74 50 01 07</td>
<td>Important Audit Information</td>
</tr>
<tr>
<td>NP 89 69 11 10</td>
<td>Important Policyholder Information Concerning Billing Practices</td>
</tr>
<tr>
<td>NP 98 20 01 15</td>
<td>Jurisdictional Boiler And Pressure Vessel Inspections</td>
</tr>
<tr>
<td>SNI04 01 01 20</td>
<td>Liberty Mutual Group California Privacy Notice</td>
</tr>
</tbody>
</table>

- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.
REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at 1(844)325-2467 for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at www.libertymutualgroup.com/toolkit.

For all claims inquiries please call us at .
DISC GOLF RESORT LLC
15711 Marine Dr
Stanwood, WA 98292-6935
(206) 443-7744
BELTOWN INSURANCE GROUP INC
3911 5TH AVE STE 200
SAN DIEGO, CA 92103-3146

BKS (21) 61 21 43 15
From 05/29/2020 To 05/29/2021

TELEPHONE INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of $100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed $100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is $200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM.

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States

(i) to be an act of terrorism;
(ii) to be a violent act or an act that is dangerous to
   (I) human life;
   (II) property; or
   (III) infrastructure;
(iii) to have resulted in damage within the United States, or outside of the United States in the case of
   (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
   (II) the premises of a United States mission; and
to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT: Please ensure any rejection is received within thirty (30) days of the effective date of your policy.

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature  Print Name  Date Signed

__________________________________________  ____________________________

Named Insured  Policy Number
DISC GOLF RESORT LLC  BKS (21)  61 21 43 15

Policy Effective/Expiration Date
From 05/29/2020 To 05/29/2021

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.

Note: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.
FLOOD INSURANCE NOTICE

Unless a Flood Coverage endorsement is attached, your policy does not provide flood coverage and you will not have coverage for property damage from floods unless you purchase a separate policy for flood insurance through the Federal Emergency Management Agency (FEMA) National Flood Insurance Program.

If you would like more information about obtaining coverage under the National Flood Insurance Program, please contact your agent.
U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Notice carefully.

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.
Important Notice
Notice to Policyholders

This explanation is not a part of your insurance policy, and it does not alter any of its provisions or conditions.

Please refer any questions you may have to your insurance agent.

We would like to thank you for being a policyholder. We appreciate your business.

If your policy contains a condition stating it is subject to a premium audit we would like to take this opportunity to explain how the audit process works and answer the most common questions we receive from our policyholders. The information in this notice will make it easier for you to prepare for your audit.

Insurance Premium Audit Facts

Audits can benefit our policyholders by allowing us to collect the appropriate amount of premium for each policy.

Most commercial policies are written based on estimated or fluctuating exposure bases. At the end of the policy term an audit will determine the actual exposure bases and the premium will be adjusted accordingly. A company representative will conduct the audit.

The premium auditor will examine and audit records that relate to your policy. The records necessary to complete the audit will vary, based on the coverages you have. Types of records that may be requested for your audit include, but are not limited to:

- Payroll Records, including 941 forms
- Sales Journals or Income statements
- General Ledger
- Cash Disbursements Journal
- Subcontractor Certificates

Keeping accurate and complete records will allow the auditor to properly classify and allocate your exposures correctly. Often there are allowable credits available according to insurance manual classification and rating rules. The premium auditor will be able to give you the credits, to which you are entitled, if your records provide the necessary details. Providing the records your auditor needs can save you time and money as well as expedite the audit process.

How Audits are Conducted

Audits are handled in different ways, depending on the types of coverages you may have. We conduct audits in the following ways:

Physical Audit - An auditor will contact you and set up a convenient time to personally come to your business and review your records.

Phone Audit - Forms will be mailed to you, explaining what is necessary to complete a phone audit. The phone auditor will contact you or your bookkeeper for this information.

Voluntary Audit - Forms will be mailed to you for completion. We will provide you with contact information if you need assistance in completing the forms.
Completing the audit

Many states have enacted legislation that governs the time in which an audit must be completed, billed and paid. This applies to audits for cancelled policies as well as regular audits. In order to comply with state regulations, it is important to make your records available for audit when our representative contacts you. We will make every effort to complete the audit within a reasonable time after the close of the policy period stated in your policy.

Frequently Asked Questions

Q: What if I use subcontractors?

A: Subcontractors are factored in to the audit process. Subcontractors who do not have insurance are treated as though they are your employees at the time of the audit. If your subcontractor furnishes you with a certificate of liability or workers’ compensation insurance, your insurance cost for that subcontractor could be less. See your policy for details on limits of insurance required for certificates.

Q: I have no employees and work alone. Does the insurance company still need to complete an audit?

A: Yes. The auditor will need to verify you worked alone by examining business records that may include tax filings, disbursements, and check stubs.

Q: Do I need an audit if I have cancelled my policy or am no longer insured with you?

A: An audit may still be necessary even if you no longer have an active policy with us. The audit would cover the time period for which you were insured by us. Other factors that may determine if an audit is necessary include the time the policy was in effect and the amount of premium involved.

Q: If I use leased employees but the leasing company carries the liability, are the leased employees excluded from my General Liability policy?

A: No. The manual rules stipulate that all leased employees are covered on the insured’s policy.

Q: Is it necessary to keep records on any casual labor I use?

A: Yes. Casual labor payroll is examined during the audit.

Q: What happens if I do not comply with the audit and fail to provide all necessary records and verification?

A: It’s important to provide the necessary information in order to complete the audit. If you fail to do so, your policy may be cancelled or non-renewed. You may also receive an estimated audit statement based on increased policy exposure estimates due to non-compliance of audit.

If you would like additional information about the policy audit process, your independent agent can assist you. The Premium Audit Department is also available to answer any questions you may have regarding this process.

Please contact us at 1-888-224-9246 or via E-mail at PremiumAuditServices@libertymutual.com
IMPORTANT POLICYHOLDER INFORMATION
CONCERNING BILLING PRACTICES

Dear Valued Policyholder: This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

Premium Notice: We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

Available Premium Payment Plans:

- Annual Payment Plan: When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.

- Installment Payment Plan: When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments - Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

Installment Payment Plan Fee: If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

Dishonored Payment Fee: Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

Late Payment Fee: If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

Special Note: Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

EFT-Automatic Withdrawals Payment Option: When you select this option, you will not be sent Premium Notices and, in most cases, will not be charged installment fees. For more information on our EFT-Automatic Withdrawals payment option, refer to the attached policyholder plan notice and enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

Thank you for selecting us to service your insurance needs.

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JURISDICTIONAL BOILER AND PRESSURE VESSEL INSPECTIONS

Most jurisdictions (cities or states) are governed by laws and regulations that require owners of boilers and pressure vessels to have their equipment inspected on a routine basis. Jurisdictions require that equipment is installed and operated according to these regulations, and it is the equipment breakdown engineering inspector's responsibility to verify the equipment complies with all requirements.

Liberty Mutual Equipment Breakdown is a National Board Accredited Authorized Inspection Agency. This designation is recognized by authorities having jurisdictions in the U.S. & provinces of Canada and gives Liberty Mutual commissioned inspectors the ability to perform jurisdictionally required inspection on boilers and pressure vessels at insured locations. We have field inspectors strategically located throughout the U.S. to perform boiler and pressure vessel inspection for our customers and clients.

To request a Jurisdictional Inspection please:

- Call the LMEB Hotline (877) 528-0020

Or

- Email your request to LMEBInspections@Libertymutual.com

The assigned EB Risk Engineer will call to schedule within 24 - 48 hours. When requesting an inspection please include the following:

- Current Policy Number
- Location Address
- Contact Name
- Contact Phone Number and/or Email Address
LIBERTY MUTUAL GROUP CALIFORNIA PRIVACY NOTICE

Commercial Lines (excluding Workers' Compensation)
(Effective January 1, 2020)

Liberty Mutual Group and its affiliates, subsidiaries, and partners (collectively "Liberty Mutual" or "we", "us" and "our") provide insurance to companies and other insurers. This Privacy Notice explains how we gather, use, and share your data. This Privacy Notice applies to you if you are a Liberty Mutual commercial line insured or are a commercial line claimant residing in California. It does not apply to covered employees or claimants under Workers' Compensation policies. If this notice does not apply to you, go to libertymutual.com/privacy to review the applicable Liberty Mutual privacy notice.

What Data Does Liberty Mutual Gather?

We may collect the following categories of data:

- **Identifiers**, including a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, Social Security Number, driver’s license number, or other similar identifiers;

- **Personal information described in California Civil Code 1798.80(e)**, such as your name, signature, Social Security Number, physical characteristics or description, address, telephone number, driver’s license or state identification card number, insurance policy number, education, employment, employment history, bank account number, financial information, medical information, or health insurance information;

- **Protected classification characteristics**, including age, race, color, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, sex (including gender, gender identity, gender expression, pregnancy or childbirth and related medical conditions), sexual orientation, or veteran or military status;

- **Commercial information**, including records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories and tendencies;

- **Internet or other similar network activity**, including browsing history, search history, information on a consumer’s interaction with a website, application, or advertisement;

- **Professional or employment related information**, including current or past job history or performance evaluations;

- **Inferences drawn from other personal information**, such as a profile reflecting a person’s preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes;

- **Risk data**, including data about your driving and/or accident history; this may include data from consumer reporting agencies, such as your motor vehicle records and loss history information, health data, or criminal convictions; and

- **Claims data**, including data about your previous and current claims, which may include data regarding your health, criminal convictions, third party reports, or other personal data.

For information about the types of personal data we have collected about California consumers in the past twelve (12) months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

How We Get the Personal Data:

<table>
<thead>
<tr>
<th>We gather your personal data directly from you. For example, you provide us with data when you:</th>
<th>We also gather your personal data from other people. For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ask about, buy insurance or file a claim</td>
<td>• your insurance agent or broker</td>
</tr>
<tr>
<td>• pay your policy</td>
<td>• your employer, association or business (if you are insured through them)</td>
</tr>
</tbody>
</table>
For information about how we have collected personal data in the past twelve (12) months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

**How Does Liberty Mutual Use My Data?**

Liberty Mutual uses your data to provide you with our products and services, and as otherwise provided in this Privacy Notice. Your data may be used to:

<table>
<thead>
<tr>
<th>Business Purpose</th>
<th>Data Categories</th>
</tr>
</thead>
</table>
| **Market, sell and provide insurance.** This includes for example:  
- calculating your premium;  
- determining your eligibility for a quote;  
- confirming your identity and service your policy; |  
- Identifiers  
- Personal Information  
- Protected Classification Characteristics  
- Commercial Information  
- Internet or other similar network activity  
- Professional or employment related information  
- Inferences drawn from other personal information  
- Risk data  
- Claims data |
| **Manage your claim.** This includes, for example:  
- managing your claim, if any;  
- conducting claims investigations;  
- conducting medical examinations;  
- conducting inspections, appraisals;  
- providing roadside assistance;  
- providing rental car replacement, or repairs; |  
- Identifiers  
- Personal Information  
- Protected Classification Characteristics  
- Commercial Information  
- Internet or other similar network activity  
- Professional or employment related information  
- Inferences drawn from other personal information |
<table>
<thead>
<tr>
<th>Day to Day Business and Insurance Operations.</th>
<th>Risk data</th>
<th>Claims data</th>
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</thead>
<tbody>
<tr>
<td>This includes, for example:</td>
<td>Identifiers</td>
<td>Personal Information</td>
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<tr>
<td>- creating, maintaining, customizing and</td>
<td>- Protected Classification Characteristics</td>
<td></td>
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<tr>
<td>securing accounts;</td>
<td>- Commercial Information</td>
<td></td>
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<tr>
<td>- supporting day-to-day business and</td>
<td>- Internet or other similar network activity</td>
<td></td>
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<tr>
<td>insurance related functions;</td>
<td>- Professional or employment related information</td>
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<tr>
<td>- doing internal research for technology</td>
<td>- Inferences drawn from other personal information</td>
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<td>- development;</td>
<td>- Risk data</td>
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<tr>
<td>- marketing and creating products and</td>
<td>- Claims data</td>
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<td>services;</td>
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<td>- conducting audits related to a current</td>
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<tr>
<td>contact with a consumer and other</td>
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<td>transactions;</td>
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<td>- as described at or before the point of</td>
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<td>gathering personal data or with your</td>
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<tr>
<td>authorization;</td>
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<tr>
<th>Security and Fraud Detection. This includes for example:</th>
<th>Identifiers</th>
<th>Personal Information</th>
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<tbody>
<tr>
<td>- detecting security issues;</td>
<td>- Protected Classification Characteristics</td>
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<tr>
<td>- protecting against fraud or illegal activity, and to</td>
<td>- Commercial Information</td>
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<tr>
<td>comply with regulatory and law enforcement authorities;</td>
<td>- Internet or other similar network activity</td>
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</tr>
<tr>
<td>- managing risk and securing our systems, assets,</td>
<td>- Professional or employment related information</td>
<td></td>
</tr>
<tr>
<td>infrastructure and premises; roadside assistance,</td>
<td>- Inferences drawn from other personal information</td>
<td></td>
</tr>
<tr>
<td>rental car replacement, or repairs</td>
<td>- Risk data</td>
<td></td>
</tr>
<tr>
<td>- help to ensure the safety and security of Liberty</td>
<td>- Claims data</td>
<td></td>
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<tr>
<td>staff, assets and resources, which may include</td>
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<tr>
<td>physical and virtual access controls and access rights</td>
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<td>management;</td>
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<tr>
<td>- supervisory controls and other monitoring and</td>
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<td>reviews, as permitted by law; and emergency</td>
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<tr>
<td>and business continuity management;</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulatory and Legal Requirements. This includes for example:</th>
<th>Identifiers</th>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>- controls and access rights management;</td>
<td>- Protected Classification Characteristics</td>
<td></td>
</tr>
<tr>
<td>- to evaluate or conduct a merger, divestiture, restructuring,</td>
<td>- Commercial Information</td>
<td></td>
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<tr>
<td>reorganization, dissolution, or other sale or transfer of</td>
<td>- Internet or other similar network activity</td>
<td></td>
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<tr>
<td>some or all of Liberty's assets, whether as a going concern</td>
<td>- Professional or employment related information</td>
<td></td>
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<tr>
<td>or as part of bankruptcy, liquidation, or similar</td>
<td>- Inferences drawn from other personal information</td>
<td></td>
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<tr>
<td>proceeding, in which personal data held by Liberty</td>
<td>- Risk data</td>
<td></td>
</tr>
<tr>
<td>is among the assets transferred;</td>
<td>- Claims data</td>
<td></td>
</tr>
<tr>
<td>- exercising and defending our legal rights and positions;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- to meet Liberty contract obligations;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- to respond to law enforcement requests and as required by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>applicable law, court order, or governmental regulations;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- as otherwise permitted by law</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Improve Your Customer Experience and Our Products. This includes for example: | • Identifiers  
• Personal Information  
• Commercial Information  
• Internet or other similar network activity  
• Professional or employment related information  
• Inferences drawn from other personal information  
• Risk data  
• Claims data |
| --- | --- |
| • improve your customer experience, our products and service;  
• to provide, support, personalize and develop our website, products and services;  
• create and offer new products and services; |  |
| Analytics to identify, understand and manage our risks and products. This includes for example: | • Identifiers  
• Personal Information  
• Protected Classification Characteristics  
• Commercial Information  
• Internet or other similar network activity  
• Professional or employment related information  
• Inferences drawn from other personal information  
• Risk data  
• Claims data |
| • conducting analytics to better identify, understand and manage risk and our products; |  |
| Customer service and technical support. This includes for example: | • Identifiers  
• Personal Information  
• Commercial Information  
• Internet or other similar network activity  
• Professional or employment related information  
• Inferences drawn from other personal information  
• Risk data  
• Claims data |
| • answer questions and provide notifications;  
• provide customer and technical support; |  |

**How Does Liberty Mutual Share My Data?**

Liberty Mutual does not sell your personal data as defined by the California Consumer Privacy Act.

Liberty Mutual shares personal data of California consumers with the following categories of third parties:

- Liberty Mutual affiliates;
- Service Providers;
- Public entities and institutions (e.g. regulatory, quasi-regulatory, tax or other authorities, law enforcement agencies, courts, arbitral bodies, and fraud prevention agencies);
- Professional advisors including law firms, accountants, auditors, and tax advisors;
- Insurers, re-insurers, policy holders, and claimants; and
- As permitted by law.

Liberty Mutual shares the following categories of personal data regarding California consumers to service providers for business purposes:

| Identifiers | Personal Data; |
| Protected Classification Characteristics; | Commercial Information; |
| Internet or other similar network activity; | Claims Data; |
| Inferences drawn from other personal information; | Risk Data; |
| Professional, employment, and education information; |  |
For information about how we have shared personal information in the past twelve (12) months, please go to libertymutual.com/privacy and click on the link for the California Supplemental Privacy Policy.

What Privacy Rights Do I Have?

The California Consumer Privacy Act provides California residents with specific rights regarding personal information. These rights are subject to certain exceptions. Our response may be limited as permitted under law.

Access or Deletion

You may have the right to request that Liberty Mutual disclose certain information to you about our collection and use of your personal data in the twelve (12) months preceding such request, including a copy of the personal data we have collected. You also may have the right to request that Liberty Mutual delete personal data that Liberty Mutual collected from you, subject to certain exceptions.

Specifically, you have the right to request that we disclose the following to you, in each case for the twelve (12) month period preceding your request:

- the categories of personal data we have collected about you;
- the categories of sources from which the personal data was/is collected;
- our business or commercial purpose for collecting personal data;
- the categories of third parties with whom we share personal data;
- the specific pieces of data we have collected about you;
- the categories of personal data about you, if any, that we have disclosed for monetary or other valuable consideration, including the categories of third parties to which we have disclosed the data, by category or categories of personal data for each third party to which we disclosed the personal data; and
- the categories of personal data about you that we disclosed for a business purpose.

You can make a request by either:

Calling: 800-344-0197
Online: libertymutualgroup.com/privacy-policy/data-request
Mail: Attn: Privacy Office
Liberty Mutual Insurance Company
175 Berkeley St., 6th Floor
Boston, MA 02116

You may also make a verifiable consumer request on behalf of your minor child.

You or your authorized agent may only make a verifiable consumer request for access or data deletion twice within a twelve (12) month period. The verifiable consumer request must provide sufficient information that allows Liberty Mutual to reasonably verify that you are the person about whom Liberty Mutual collected personal data or an authorized representative of such person; and describe your request with sufficient detail that allows Liberty Mutual to properly understand, evaluate, and respond to it. For more information about how Liberty Mutual will verify your identity and how an authorized agent may make a request on your behalf, go to libertymutual.com/privacy and click on the California Supplemental Privacy Policy.

Response Timing

Liberty Mutual will respond to a verifiable consumer request within forty-five (45) days of its receipt. If more time is needed, Liberty Mutual will inform you of the reason and extension period in writing.

Any disclosures that will be provided will only cover the twelve (12) month period preceding our receipt of the verifiable consumer request. If Liberty Mutual is unable to fulfill your request, you will be provided with the reason that the request cannot be completed. For more information about how we will respond to requests, go to libertymutual.com/privacy and click on the California Supplemental Privacy Policy.
Rights to opt in and out of data selling

California consumers have the right to direct businesses not to sell your personal data (opt-out rights), and personal data of minors under 16 years of age will not be sold, as is their right, without theirs or their parents’ opt-in consent. Liberty Mutual does not sell the personal data of consumers. For more information, go to libertymutual.com/privacy and click on the California Supplemental Privacy Policy.

No account needed

You do not need to create an account with Liberty Mutual to exercise your rights. Liberty Mutual will only use personal data provided in a request to review and comply with the request.

No discrimination

You have the right not to be discriminated against for exercising any of your CCPA rights. Unless permitted by the CCPA, exercising your rights will not cause Liberty Mutual to:

- Deny you goods or services;
- Charge you different prices or rates for goods or services, including through granting discounts or other benefits, or imposing penalties;
- Provide you a different level or quality of goods or services; or
- Suggest that you may receive a different price or rate for goods or services, or a different level or quality of goods or services.

Will Liberty Mutual Update This Privacy Notice?

We reserve the right to make changes to this notice at any time and for any reason. The updated version of this policy will be effective once it is accessible. You are responsible for reviewing this policy to stay informed of any changes or updates.

Who Do I Contact Regarding Privacy?

If you have any questions or comments about this Notice or the Supplemental CCPA Notice, your rights, or are requesting the Notice in an alternative format, please do not hesitate to contact Liberty Mutual at:

Phone: 800-344-0197
Email: privacy@libertymutual.com
Postal Address: Attn: Privacy Office
Liberty Mutual Insurance Company
175 Berkeley St., 6th Floor
Boston, MA 02116
Common Policy Declarations

Named Insured & Mailing Address
DISC GOLF RESORT LLC
15711 Marine Dr
Stanwood, WA 98292-6935

Agent Mailing Address & Phone No.
(206) 443-7744
BELLTOWN INSURANCE GROUP INC
3911 5TH AVE STE 200
SAN DIEGO, CA 92103-3146

Named Insured Is: LIMITED LIABILITY COMPANY
Named Insured Business Is: DISC GOLF COURSE WITH PRO SHOP

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.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

<table>
<thead>
<tr>
<th>COVERAGE PART</th>
<th>CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Property</td>
<td>$1,194.00</td>
</tr>
<tr>
<td>Commercial Inland Marine</td>
<td>$105.00</td>
</tr>
<tr>
<td>Commercial General Liability</td>
<td>$2,550.00</td>
</tr>
<tr>
<td>Liquor Liability</td>
<td>$261.00</td>
</tr>
</tbody>
</table>

Total Charges for all of the above coverage parts: $4,110.00
Certified Acts of Terrorism Coverage: $54.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

* This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-365-6446

DS 70 21 11 16

61214315 N9108648 235 AGENT COPY 004226 PAGE 19 OF 40
Common Policy Declarations

Named Insured: DISC GOLF RESORT LLC
15711 Marine Dr
Stanwood, WA 98292-6935

Agent: (206) 443-7744
BELLTOWN INSURANCE GROUP INC
3911 5TH AVE STE 200
SAN DIEGO, CA 92103-3146

SUMMARY OF LOCATIONS

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

0001 15711 Marine Dr, Stanwood, WA 98292-6935

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG 00 01 04 13</td>
<td>Commercial General Liability Coverage Form - Occurrence</td>
</tr>
<tr>
<td>CG 00 33 04 13</td>
<td>Liquor Liability Coverage Form - Occurrence</td>
</tr>
<tr>
<td>CG 01 81 05 08</td>
<td>Washington Changes</td>
</tr>
<tr>
<td>CG 01 97 12 07</td>
<td>Washington Changes - Employment-Related Practices Exclusion</td>
</tr>
<tr>
<td>CG 04 42 11 03</td>
<td>Stop Gap - Employers Liability Coverage Endorsement - Washington</td>
</tr>
<tr>
<td>CG 04 50 05 08</td>
<td>Washington Changes - Who Is An Insured</td>
</tr>
<tr>
<td>CG 20 08 04 13</td>
<td>Additional Insured - Users Of Golfmobiles</td>
</tr>
<tr>
<td>CG 21 06 05 14</td>
<td>Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception</td>
</tr>
</tbody>
</table>

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

David Long
President

To report a claim, call your Agent or 1-844-325-2467
DS 70 21 11 16
Common Policy Declarations

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISC GOLF RESORT LLC</td>
<td>(206) 443-7744</td>
</tr>
<tr>
<td>15711 Marine Dr</td>
<td>BELLTOWN INSURANCE GROUP INC</td>
</tr>
<tr>
<td>Stanwood, WA 98292-6935</td>
<td>3911 5TH AVE STE 200</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103-3146</td>
</tr>
</tbody>
</table>

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG 21 70 01 15</td>
<td>Cap on Losses from Certified Acts of Terrorism</td>
</tr>
<tr>
<td>CG 21 76 01 15</td>
<td>Exclusion of Punitive Damages Related to a Certified Act of Terrorism</td>
</tr>
<tr>
<td>CG 24 07 01 96</td>
<td>Products/Completed Operations Hazard Redefined</td>
</tr>
<tr>
<td>CG 24 26 04 13</td>
<td>Amendment of Insured Contract Definition</td>
</tr>
<tr>
<td>CG 26 77 12 04</td>
<td>Washington - Fungi or Bacteria Exclusion</td>
</tr>
<tr>
<td>CG 32 21 01 15</td>
<td>Washington Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)</td>
</tr>
<tr>
<td>CG 84 99 08 09</td>
<td>Non-Cumulation Liability Limits Same Occurrence</td>
</tr>
<tr>
<td>CG 88 10 04 13</td>
<td>Commercial General Liability Extension</td>
</tr>
<tr>
<td>CG 88 63 12 08</td>
<td>Valet Parking Liability Endorsement</td>
</tr>
<tr>
<td>CG 88 77 12 08</td>
<td>Medical Expense At Your Request Endorsement</td>
</tr>
<tr>
<td>CG 89 27 10 09</td>
<td>Washington Exclusion - Asbestos</td>
</tr>
<tr>
<td>CL 01 03 03 10</td>
<td>Common Policy Conditions - Washington</td>
</tr>
<tr>
<td>CL 06 00 01 15</td>
<td>Certified Terrorism Loss</td>
</tr>
<tr>
<td>CL 07 00 10 06</td>
<td>Virus or Bacteria Exclusion</td>
</tr>
<tr>
<td>CL 16 50 08 06</td>
<td>Conditional Nuclear, Biological, and Chemical Terrorism Exclusion</td>
</tr>
<tr>
<td>CP 00 10 10 12</td>
<td>Building and Personal Property Coverage Form</td>
</tr>
<tr>
<td>CP 00 30 10 12</td>
<td>Business Income (And Extra Expense) Coverage Form</td>
</tr>
<tr>
<td>CP 00 90 07 88</td>
<td>Commercial Property Conditions</td>
</tr>
<tr>
<td>CP 01 26 10 12</td>
<td>Washington Changes</td>
</tr>
<tr>
<td>CP 01 40 07 06</td>
<td>Exclusion of Loss Due to Virus or Bacteria</td>
</tr>
<tr>
<td>CP 01 60 12 98</td>
<td>Washington Changes - Domestic Abuse</td>
</tr>
<tr>
<td>CP 01 79 10 12</td>
<td>Washington Changes - Excluded Causes of Loss</td>
</tr>
</tbody>
</table>

To report a claim, call your Agent or 1-844-325-2457

DS 70 21 11 16
Common Policy Declarations

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DiSC GOLF RESORT LLC</td>
<td>(206) 443-7744</td>
</tr>
<tr>
<td>1571 Marine Dr</td>
<td>BELLTOWN INSURANCE GROUP INC</td>
</tr>
<tr>
<td>Stanwood, WA 98292-6935</td>
<td>3911 5TH AVE STE 200</td>
</tr>
<tr>
<td></td>
<td>SAN DIEGO, CA 92103-3146</td>
</tr>
</tbody>
</table>

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

<table>
<thead>
<tr>
<th>FORM NUMBER</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP 10 30 10 12</td>
<td>Causes of Loss - Special Form</td>
</tr>
<tr>
<td>CP 88 00 02 15</td>
<td>Property Extension Endorsement</td>
</tr>
<tr>
<td>CP 88 04 03 10</td>
<td>Removal Permit</td>
</tr>
<tr>
<td>CP 88 44 02 15</td>
<td>Equipment Breakdown Coverage Endorsement</td>
</tr>
<tr>
<td>CP 90 55 12 12</td>
<td>Business Income And Extra Expense Changes - Actual Loss Sustained In A Twelve-Month Period</td>
</tr>
<tr>
<td>CP 90 59 12 12</td>
<td>Identity Theft Administrative Services and Expense Coverage</td>
</tr>
<tr>
<td>CP 92 01 05 17</td>
<td>Property Anti-Stacking Endorsement</td>
</tr>
<tr>
<td>IL 01 23 11 13</td>
<td>Washington Changes - Defense Costs</td>
</tr>
<tr>
<td>IL 01 46 08 10</td>
<td>Washington Common Policy Conditions</td>
</tr>
<tr>
<td>IL 01 98 09 08</td>
<td>Nuclear Energy Liability Exclusion Endorsement (Broad Form)</td>
</tr>
<tr>
<td>II 09 35 07 02</td>
<td>Exclusion of Certain Computer-Related Losses</td>
</tr>
<tr>
<td>IL 09 52 01 15</td>
<td>Cap On Losses From Certified Acts Of Terrorism</td>
</tr>
<tr>
<td>IL 09 96 01 07</td>
<td>Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)</td>
</tr>
<tr>
<td>IM 20 97 04 04</td>
<td>Amendatory Endorsement - Washington</td>
</tr>
<tr>
<td>IM 75 00 04 04</td>
<td>Scheduled Property Floater</td>
</tr>
</tbody>
</table>
**Coverage is Provided In:**
Ohio Security Insurance Company

**Policy Number:**
BKS (21) 61 21 43 15

**Policy Period:**
From 05/29/2020 To 05/29/2021
12:01 am Standard Time
at Insured Mailing Location

---

**Named Insured**
***DISC GOLF RESORT LLC***

**Agent**
(206) 443-7744
BELLTOWN INSURANCE GROUP INC

---

**SUMMARY OF CHARGES**

<table>
<thead>
<tr>
<th>Explanation of Charges</th>
<th>Description</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Property Schedule Totals</td>
<td>$1,161.00</td>
</tr>
<tr>
<td></td>
<td>Certified Acts of Terrorism Coverage</td>
<td>$33.00</td>
</tr>
</tbody>
</table>

**Total Advance Charges:** $1,194.00

*Note: This is not a bill*

---

To report a claim, call your Agent or 1-844-325-2467
**SUMMARY OF PROPERTY COVERAGES - BY LOCATION**

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

---

**Property Characteristics**

- **Description:**
  - Construction: Framed

---

**Your Business Personal Property Coverage**

- **Occupancy:**

  **Description**
  - Limit of Insurance - Replacement Cost: $100,000
  - Coinsurance: 90%
  - Covered Causes of Loss
  - Special Form - Including Theft
  - Deductible - All Covered Causes of Loss Unless Otherwise Stated: $1,000

  **Premium:** $655.00

---

**Business Income and Extra Expense Coverage**

- **Description**
  - Limit of Insurance - Including Rental Value: See Endorsement
  - Actual Loss Sustained: 12 Months
  - Covered Causes of Loss
  - Special Form - Including Theft

  **Premium:** $475.00

---

To report a claim, call your Agent or 1-844-325-2467
**Commercial Property Declarations Schedule**

**Named Insured**

DISC GOLF RESORT LLC

**Agent**

(206) 443-7744
BELLTOWN INSURANCE GROUP INC

---

**SUMMARY OF PROPERTY COVERS - BY LOCATION**

**Continuation of 15711 Marine Dr, Stanwood, WA 98292-6935**

**Equipment Breakdown Coverage**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

**Premium**

$19.00

---

**SUMMARY OF OTHER PROPERTY COVERS**

<table>
<thead>
<tr>
<th>Identity Theft Administrative Services</th>
<th>Description</th>
<th>Limit of Insurance</th>
<th>See Endorsement CP9059</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

**Prepayment**

$12.00

<table>
<thead>
<tr>
<th>Property Extension Endorsement</th>
<th>Description</th>
<th>Property Extension Endorsement</th>
<th>$ .00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Premium**

Included

**Commercial Property Schedule Total:**

$1,161.00

---

To report a claim, call your Agent or 1-844-325-2457

DS 70 23 01 08

01214315 N0188648 235

AGENT COPY 004226 PAGE 25 OF 40
Coverage is provided in: Ohio Security Insurance Company

Commercial Inland Marine Declarations

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISC GOLF RESORT LLC</td>
<td>(206) 443-7744 BELLTOWN INSURANCE GROUP INC</td>
</tr>
</tbody>
</table>

**SUMMARY OF CHARGES**

<table>
<thead>
<tr>
<th>Explanation of Charges</th>
<th>DESCRIPTION</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous/Scheduled Property Floater</td>
<td></td>
<td>$101.00</td>
</tr>
<tr>
<td>Commercial Inland Marine Schedule Totals</td>
<td></td>
<td>$101.00</td>
</tr>
<tr>
<td>Certified Acts of Terrorism Coverage</td>
<td></td>
<td>$4.00</td>
</tr>
</tbody>
</table>

**Total Advance Charges:** $105.00

*Note: This is not a bill*

To report a claim, call your Agent or 1-844-325-2467
### SCHEDULED PROPERTY FLOATER

#### COVERED PROPERTY

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIBED PROPERTY</th>
<th>Limit</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>six golf carts electric</td>
<td>$15,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

#### COVERAGE EXTENSIONS

- Additional Debris Removal Expenses: $5,000

#### SUPPLEMENTAL COVERAGES

- Pollutant Cleanup and Removal: $10,000
- Newly Purchased Property: $               
- Earthquake Limit -- The most "we" pay for loss to any one building or structure is: $               
- Earthquake Catastrophe Limit -- The most "we" pay for loss in any one occurrence is: $               
- Flood Limit -- The most "we" pay for loss to any one building or structure is: $               
- Flood Catastrophe Limit -- The most "we" pay for loss in any one occurrence is: $               

#### COINSURANCE

( ) Not Applicable
( ) 80%  ( ) 90%  (X) 100%  ( ) Other _____%
**Commercial General Liability Declarations**

Basis: Occurrence

**Named Insured**

DISC GOLF RESORT LLC

**Agent**

(206) 443-7744
BELLTOWN INSURANCE GROUP INC

### SUMMARY OF LIMITS AND CHARGES

<table>
<thead>
<tr>
<th>Commercial General Liability Limits of Insurance</th>
<th>DESCRIPTION</th>
<th>LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Each Occurrence Limit</td>
<td>1,000,000</td>
</tr>
<tr>
<td></td>
<td>Damage To Premises Rented To You Limit (Any One Premises)</td>
<td>1,000,000</td>
</tr>
<tr>
<td></td>
<td>Medical Expense Limit (Any One Person)</td>
<td>15,000</td>
</tr>
<tr>
<td></td>
<td>Personal and Advertising Injury Limit</td>
<td>1,000,000</td>
</tr>
<tr>
<td></td>
<td>General Aggregate Limit (Other than Products - Completed Operations)</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>Products - Completed Operations Aggregate Limit</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explanation of Charges</th>
<th>DESCRIPTION</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Liability Schedule Totals</td>
<td>2,535.00</td>
</tr>
<tr>
<td></td>
<td>Certified Acts of Terrorism Coverage</td>
<td>15.00</td>
</tr>
</tbody>
</table>

**Total Advance Charges:** $2,550.00

*Note: This is not a bill*

---

To report a claim, call your Agent or 1-844-325-2457

**DS 70 22 01 08**

01 214315  N0109641  225
SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 15711 Marine Dr, Stanwood, WA 98292-6935
Insured: DISC GOLF RESORT LLC

CLASSIFICATION - 44070
Golf Courses - Municipal Or Public - Not Golf Or Country Clubs
Products Completed Operations Are Subject To The General Aggregate Limit.

<table>
<thead>
<tr>
<th>COVERAGE DESCRIPTION</th>
<th>PREMIUM BASED ON -</th>
<th>RATED / PER 1,000</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premise/Operations</td>
<td>150,000 Dollars Of Gross Sales</td>
<td>12.689</td>
<td>$1,903.00</td>
</tr>
</tbody>
</table>

Total: Included

CLASSIFICATION - 16911
Restaurants - With Sale of Alcoholic Beverages that are less than less than 30% of the annual receipts of the restaurants - without table service with seating

<table>
<thead>
<tr>
<th>COVERAGE DESCRIPTION</th>
<th>PREMIUM BASED ON -</th>
<th>RATED / PER 1,000</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premise/Operations</td>
<td>150,000 Dollars Of Gross Sales</td>
<td>2.956</td>
<td>$443.00</td>
</tr>
</tbody>
</table>

Total: $443.00

Products/Completed Operations
Minimum Premium Adjustment

Total: $110.00

To report a claim, call your Agent or 1-844-325-2487
**SUMMARY OF OTHER COVERAGE**

<table>
<thead>
<tr>
<th>COVERAGE DESCRIPTION</th>
<th>PREMIUM BASED ON -</th>
<th>RATED / PER</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSIFICATION - 92400</td>
<td>1,000</td>
<td>75,000</td>
<td>$13.00</td>
</tr>
<tr>
<td>Stop Gap - Employer's Liability</td>
<td></td>
<td>.176</td>
<td>$66.00</td>
</tr>
<tr>
<td>CG0442 - Stop Gap Employers' Liability - WA</td>
<td>Minimum Premium Adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial General Liability Schedule Total</td>
<td></td>
<td></td>
<td>$2,535.00</td>
</tr>
</tbody>
</table>

To report a claim, call your Agent or 1-844-325-2467
Liberty Mutual
INSURANCE

Coverage is Provided in:
Ohio Security Insurance Company

Liquor Liability
Declarations
Basis: Occurrence

Named Insured
DISC GOLF RESORT LLC

Agent
(206) 443-7744
BELLTOWN INSURANCE GROUP INC

Policy Number:
BKS (21) 61214315

Policy Period:
From 05/29/2020 To 05/29/2021
12:01 am Standard Time
at Insured Mailing Location

<table>
<thead>
<tr>
<th>Liquor Liability Limits of Insurance</th>
<th>DESCRIPTION</th>
<th>LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Common Cause Limit</td>
<td></td>
<td>1,000,000</td>
</tr>
<tr>
<td>Aggregate Limit</td>
<td></td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explanation of Charges</th>
<th>DESCRIPTION</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor Liability</td>
<td></td>
<td>259.00</td>
</tr>
<tr>
<td>Certified Acts of Terrorism Coverage</td>
<td></td>
<td>2.00</td>
</tr>
</tbody>
</table>

Total Advance Charges: $261.00
Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08
61214315  NO188646  235
AGENT COPY  004226  PAGE  33 OF 40
**Liquor Liability**

**Declarations Schedule**

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISC GOLF RESORT LLC</td>
<td>(206) 443-7744 BELLTOWN INSURANCE GROUP INC</td>
</tr>
</tbody>
</table>

**SUMMARY OF CLASSIFICATIONS - BY LOCATION**

0001 15711 Marine Dr, Stanwood, WA 98292-6925

**Insured:** DISC GOLF RESORT LLC

**CLASSIFICATION: 58161**
Restaurants, Hotels, Motels Including Package Sales

<table>
<thead>
<tr>
<th>COVERAGE DESCRIPTION</th>
<th>PREMIUM BASED ON -</th>
<th>RATED / PER</th>
<th>PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor Liability</td>
<td>45,000 Dollars Of Gross Sales</td>
<td>5.759</td>
<td>$259.00</td>
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</tbody>
</table>

**Total:** $259.00

**Liquor Liability Schedule Total** $259.00

---

*To report a claim, call your Agent or 1-844-325-2467*
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STOP GAP - EMPLOYERS LIABILITY COVERAGE
ENDORSEMENT - WASHINGTON

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Limits Of Insurance

| Bodily Injury By Accident | $ 1000000 | Each Accident |
| Bodily Injury By Disease  | $ 2000000 | Aggregate Limit |
| Bodily Injury By Disease  | $ 1000000 | Each Employee |

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. The following is added to Section I - Covers-
ages:

COVERAGE - STOP GAP - EMPLOYERS LI-
ABILITY

1. Insuring Agreement

a. We will pay those sums that the in-
sured becomes legally obligated by
Washington Law to pay as damages
because of "bodily injury by acci-
dent" or "bodily injury by disease"
to your "employee" to which this in-
surance applies. We will have the
right and duty to defend the insured
against any "suit" seeking those
damages. However, we will have no
duty to defend the insured against
any "suit" seeking damages to which
this insurance does not apply. We
may, at our discretion, investigate
any accident and settle any claim or
"suit" that may result. But:

   (1) The amount we will pay for dam-
   ages is limited as described in
   Section III - Limits Of Insurance;
   and

   (2) Our right and duty to defend end
   when we have used up the appli-
   cable limit of insurance in the
   payment of judgments or settle-
   ments under this coverage.

No other obligation or liability to pay
sums or perform acts or services is
covered unless explicitly provided
for under Supplementary Payments.

b. This insurance applies to "bodily in-
jury by accident" or "bodily injury by
disease" only if:

   (1) The:

   (a) "Bodily injury by accident"
or "bodily injury by disease"
takes place in the "coverage
territory";

   (b) "Bodily injury by accident" or "bodily
   injury by disease" arises out of and in the
course of the injured "em-
   ployee's" employment by
   you; and

   (c) "Employee", at the time of
   the injury, was covered un-
der a worker's compensa-
tion policy and subject to a
"workers compensation
law" of Washington; and

   (2) The:

   (a) "Bodily injury by accident"
is caused by an accident that
occurs during the policy pe-
period; or
(b) "Bodily injury by disease" is caused by or aggravated by conditions of employment by you and the injured "employee's" last day of last exposure to the conditions causing or aggravating such "bodily injury by disease" occurs during the policy period.

c. The damages we will pay, where recovery is permitted by law, include damages:

(1) For:

(a) Which you are liable to a third party by reason of a claim or "suit" against you by that third party to recover the damages claimed against such third party as a result of injury to your "employee";

(b) Care and loss of services; and

(c) Consequential "bodily injury by accident" or "bodily injury by disease" to a spouse, child, parent, brother or sister of the injured "employee";

provided that these damages are the direct consequence of "bodily injury by accident" or "bodily injury by disease" that arises out of and in the course of the injured "employee's" employment by you; and

(2) Because of "bodily injury by accident" or "bodily injury by disease" to your "employee" that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

2. Exclusions

This insurance does not apply to:

a. Intentional Injury

"Bodily injury by accident" or "bodily injury by disease" intentionally caused or aggravated by you, or "bodily injury by accident" or "bodily injury by disease" resulting from an act which is determined to have been committed by you if it was reasonable to believe that an injury is substantially certain to occur,

b. Fines Or Penalties

Any assessment, penalty, or fine levied by any regulatory inspection agency or authority.

c. Statutory Obligations

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

d. Contractual Liability

Liability assumed by you under any contract or agreement.

e. Violation Of Law

"Bodily injury by accident" or "bodily injury by disease" suffered or caused by any employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your "executive officers".

f. Termination, Coercion Or Discrimination

Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any "employee", or arising out of other employment or personnel decisions concerning the insured.

g. Failure To Comply With "Workers Compensation Law"

"Bodily injury by accident" or "bodily injury by disease" to an "employee" when you are:

(1) Deprived of common law defenses; or

(2) Otherwise subject to penalty;

because of your failure to secure your obligations or other failure to comply with any "workers compensation law".

h. Violation Of Age Laws Or Employment Of Minors

"Bodily injury by accident" or "bodily injury by disease" suffered or caused by any person:

(1) Knowingly employed by you in violation of any law as to age; or

(2) Under the age of 14 years, regardless of any such law,
i. Federal Laws

Any premium, assessment, penalty, fine, benefit, liability or other obligation imposed by or granted pursuant to:

(1) The Federal Employer’s Liability Act (45 USC Section 51-60);
(2) The Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173);
(3) The Longshore and Harbor Workers’ Compensation Act (33 USC Sections 910-950);
(4) The Outer Continental Shelf Lands Act (43 USC Section 1331-1356);
(5) The Defense Base Act (42 USC Sections 1651-1654);
(6) The Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942);
(7) The Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872);
(8) Any other workers compensation, unemployment compensation or disability laws or any similar law; or
(9) Any subsequent amendments to the laws listed above.

j. Punitive Damages

Multiple, exemplary or punitive damages.

k. Crew Members

"Bodily injury by accident" or "bodily injury by disease" to a master or member of the crew of any vessel or any member of the flying crew of an aircraft.

B. The Supplementary Payments provisions apply to Coverage - Stop Gap Employers Liability as well as to Coverages A and B.

C. For the purposes of this endorsement, Section II - Who Is An Insured, is replaced by the following:

If you are designated in the Declarations as:

1. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.

2. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.

3. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.

4. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

D. For the purposes of this endorsement, Section III - Limits Of Insurance, is replaced by the following:

1. The Limits of Insurance shown in the Schedule of this endorsement and the rules below fix the most we will pay regardless of the number of:
   a. Insureds;
   b. Claims made or "suits" brought; or
   c. Persons or organizations making claims or bringing "suits".

2. The "Bodily Injury By Accident" - Each Accident Limit shown in the Schedule of this endorsement is the most we will pay for all damages covered by this insurance because of "bodily injury by accident" to one or more "employees" in any one accident.

3. The "Bodily Injury By Disease" - Aggregate Limit shown in the Schedule of this endorsement is the most we will pay for all damages covered by this insurance and arising out of "bodily injury by disease", regardless of the number of "employees" who sustain "bodily injury by disease".
4. Subject to Paragraph D.3. of this endorsement, the "Bodily Injury By Disease" - Each "Employee" Limit shown in the Schedule of this endorsement is the most we will pay for all damages because of "bodily injury by disease" to any one "employee".

The limits of the coverage apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

E. For the purposes of this endorsement, Condition 2. - Duties In The Event Of Occurrence, Claim Or Suit of the Conditions Section IV is deleted and replaced by the following:

2. Duties In The Event Of Injury, Claim Or Suit

   a. You must see to it that we or our agent are notified as soon as practicable of a "bodily injury by accident" or "bodily injury by disease" which may result in a claim. To the extent possible, notice should include:

   (1) How, when and where the "bodily injury by accident" or "bodily injury by disease" took place;

   (2) The names and addresses of any injured persons and witnesses; and

   (3) The nature and location of any injury.

   b. If a claim is made or "suit" is brought against any insured, you must:

   (1) Immediately record the specifics of the claim or "suit" and the date received; and

   (2) Notify us as soon as practicable. You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

   c. You and any other involved insured must:

   (1) Immediately send us copies of any demands, notices, summons or legal papers received in connection with the injury, claim, proceeding or "suit";

   (2) Authorize us to obtain records and other information;

   (3) Cooperate with us and assist us, as we may request, in the investigation or settlement of the claim or defense against the "suit";

   (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury to which this insurance may also apply; and

   (5) Do nothing after an injury occurs that would interfere with our right to recover from others.

   d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

F. For the purposes of this endorsement, Paragraph 4. of the Definitions Section is replaced by the following:

4. "Coverage territory" means:

   a. The United States of America (including its territories and possessions), Puerto Rico and Canada;

   b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in a. above; or

   c. All other parts of the world if the injury or damage arises out of the activities of a person whose home is in the territory described in a. above, but who is away for a short time on your business;

   provided the insured's responsibility to pay damages is determined in the United States (including its territories and possessions), Puerto Rico, or Canada, in a suit on the merits according to the substantive law in such territory, or in a settlement we agree to.
G. The following are added to the Definitions Section:

1. "Workers Compensation Law" means the Workers Compensation Law and any Occupational Disease Law of Washington. This does not include provisions of any law providing non-occupational disability benefits.

2. "Bodily injury by accident" means bodily injury, sickness or disease sustained by a person, including death, resulting from an accident. A disease is not "bodily injury by accident" unless it results directly from "bodily injury by accident".

3. "Bodily injury by disease" means a disease sustained by a person, including death. "Bodily injury by disease" does not include a disease that results directly from an accident.

H. For the purposes of this endorsement, the definition of "bodily injury" does not apply.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRODUCTS/COMPLETED OPERATIONS HAZARD REDEFINED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Description of Premises and Operations:
16911 Restaurants-w/Alcoholic Bev Receipts <30%-w/

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to "bodily injury" or "property damage" arising out of "your products" manufactured, sold, handled or distributed:

1. On, from or in connection with the use of any premises described in the Schedule, or

2. In connection with the conduct of any operation described in the Schedule, when conducted by you or on your behalf,

Paragraph a. of the definition of "Products-completed operations hazard" in the DEFINITIONS Section is replaced by the following:

"Products-completed operations hazard":

a. Includes all "bodily injury" and "property damage" that arises out of "your products" if the "bodily injury" or "property damage" occurs after you have relinquished possession of those products.
Tenant Default – Landlord Affidavit

As landlord/property owner for the location address listed below, in case of tenant default where possession of alcohol inventory is taken, I understand that:

- I cannot sell confiscated liquor product without a liquor license or permit.
- I understand that selling liquor without a liquor license or permit is a criminal offense.
- I may contact the Washington State Liquor and Cannabis Board and apply for an Accommodation Sale Permit (RCW 66.20.010(16)).


<table>
<thead>
<tr>
<th>Location Address:</th>
<th>15711 MARINE DR. STANWOOD, WA 98292</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of tenant:</td>
<td>Sole Proprietor, Corporation, LLC, Partnership, etc.</td>
</tr>
<tr>
<td>Example:</td>
<td>Smith, LLC or Smith, Inc.</td>
</tr>
</tbody>
</table>

**DISC GOLF RESORT LLC**

<table>
<thead>
<tr>
<th>Name of Landlord(s)</th>
<th>Tom Teigen</th>
</tr>
</thead>
</table>

Signature of Landlord(s)
(If landlord representative is signing, attach a landlord authorization or power of attorney)

**Tom Teigen**

Date
8-20-2020
AMENDMENT NO. 1 TO
CONCESSIONAIRE LICENSE FOR KAYAK POINT GOLF COURSE PROPERTY

THIS AMENDMENT NO. 1 TO CONCESSIONAIRE LICENSE FOR KAYAK POINT GOLF COURSE PROPERTY (the “First Amendment”) is made and entered into this __ day of __, 20__, by and between Snohomish County, a political subdivision of the State of Washington (“County”), and Disc Golf Resort, LLC, aka Chainbangers, aka Discovering Open Spaces, a Washington limited liability company (“Licensee”).

WHEREAS, the County and the Licensee executed an entitled “Concessionaire License for Kayak Point Golf Course Property” (the “Original License”) on December 18, 2019, in which the County granted the Licensee a non-exclusive concessionaire license to: 1) sell products and services typically associated with disc golf course; drop-in pay to play use; leagues and tournaments; etc., and 2) manage and operate out of the 1st (top) floor of the golf course club house building; the learning center adjacent to the close driving range; and the maintenance/storage building at the Kayak Point Golf Course property (the “Premises”) in accordance with this Agreement.

WHEREAS, the Licensee and the County wish to update and clarify a section of the Original License;

NOW, THEREFORE, for and in consideration of the mutual benefits conferred on both parties, the parties agree as follows:

1. Section 1 of the Original License is hereby deleted and replaced to read in its entirety as follows:

   1. **License.** County hereby grants the Licensee a concessionaire license to: 1) sell products and services typically associated with disc golf course, including rental of powered golf carts, sale and consumption of food and beverages including alcoholic and non-alcoholic beverages in the club house building and throughout the Premises after meeting any and all requirements of the State of Washington’s Liquor and Cannabis Board; drop-in pay to play use; leagues and tournaments; etc., and 2) manage and operate out of the golf course club house building; the learning center adjacent to the close driving range; and the maintenance/storage building at the Kayak Point Golf Course property (the “Premises”) in accordance with this License. Refer to Schedule A, attached hereto and incorporated herein by this reference, for exact dates and times of operation, products that will be sold or provided, and prices. The Premises shall be provided “as is”, and the County will not provide any funds for capital or other improvements to the Premises. In addition, the Licensee will perform duties as a live onsite volunteer caretaker providing security, opening/closing entry gates, and other duties as identified in the Volunteer Caretaker Agreement, Schedule B attached hereto and incorporated herein by this reference.

2. All other terms and conditions of the Original License as amended, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment No. 1 as of the day and year first written above.

COUNTY: ____________________________  
By ________________________________  
Tom Teigen, Director  
Date Signed: 8-20-2020

LICENSEE: ____________________________  
By ________________________________  
Keith Lionetti, Owner  
Date Signed: 8/20/20
CONCESSIONAIRE LICENSE AGREEMENT

THIS CONCESSIONAIRE LICENSE AGREEMENT is made this 13 day of Dec 2019, by and between SNOHOMISH COUNTY, a political subdivision of the State of Washington ("County"), and Chainbangers, a.k.a Discovering Open Spaces, a Washington Limited Liability Corporation, ("Licensee"). In consideration of the mutual promises stated herein, each of the parties hereto agrees as follows:

1. **License.** County hereby grants to Licensee a nonexclusive license to: 1) sell products and services typically associated with disc golf course: drop-in pay to play use; leagues and tournaments; etc., and 2) manage and operate out of: the 1st (top) floor of the golf course club house building; the learning center building adjacent to the closed driving range; and the maintenance/storage building at the Kayak Point Golf Course property (the "Premises") in accordance with this Agreement. Refer to Schedule A, attached hereto and incorporated herein by this reference, for exact dates and times of operation, products that will be sold or provided, and prices. The Premises shall be provided "as is," and the County will not provide any funds for capital or other improvements to the Premises. In addition, the Licensee will perform duties as a live onsite volunteer caretaker providing security, opening/closing entry gates, and other duties as identified in the Volunteer Caretaker Agreement, Schedule B attached hereto and incorporated herein by this reference.

2. **Duration.** This Agreement shall commence December 9, 2019, and shall continue in effect until December 8, 2020, unless earlier terminated as provided below. The agreement term may be renewed annually in writing from December 9 through December 8 respectively for a maximum of one (1) additional term at the sole discretion of the County.

3. **License Fee.** The Licensee shall pay the County $25.00 ($22.16 + LHET 2.84) per day when operating and open to the public, per Attachment A. For tournament play of 100 players or more the Licensee shall pay the County $100.00 (88.62 + LHET 11.38) per day, on or before the 15th day of each succeeding month.

   If any License Fee payment is more than ten (10) days past due, a ten percent (10%) late penalty shall apply to the balance owing. If any payment is more than sixty (60) days past due, this Agreement shall terminate without further notice to Licensee, and the Licensee shall not be allowed use of the Premises.

4. **Licensee’s Duties.**
   
   a. Licensee and its employees shall comply with all rules and regulations of the County relating to the use of, and conduct at the Premises. Licensee and its employees shall comply with all applicable federal, state, and local laws while acting under this license. Licensee shall be liable to the County for loss or damage it or its employees, cause to the Premises during the periods of use of this license.

   b. Licensee shall maintain and operate the concession services and products in a commercially reasonable manner.
c. If the Licensee wishes to make capital improvements to a permanent structure, the area
surrounding the structure, or wants to construct a permanent or temporary structure, Licensee must propose
the Improvements or construction to the County Department of Parks, Recreation, and Tourism ("Parks")
in writing. This proposal must include site plans and specific construction drawings. Parks may approve or
disallow the improvements, in its sole discretion. If the proposal is approved by Parks a separate written
agreement will be developed between the County and the Licensee. The Licensee will be responsible to
apply for and obtain all necessary permits that may be required by the County, the Health District or other
regulatory agencies. At such time as the Agreement is terminated, any improvements become the property
of the County.

d. Insurance Requirements. Maintenance of insurance as required herein shall not be
construed to limit the liability of the Contractor to the coverage provided by insurance or to limit the
County’s recourse.

The Licensee shall obtain and maintain continuously, at its own expense, the following
primary insurance appropriate to the activity and necessary to protect the public for the term of the
Agreement:

1. Commercial general liability insurance including Product-Completed Operations coverage with a minimum limit of $1,000,000 per occurrence and endorsed
to include Snohomish County, its officers, elected officials, agents, and employees as an additional
insured. Claims-made Commercial General Liability insurance will not be accepted.

2. If the scope of services includes activities involving the use of automobile, automobile liability insurance for ANY AUTO with a minimum limit of $1,000,000 combined
single limit is required.

3. The Licensee shall provide or purchase workers’ compensation insurance coverage
to meet the Washington State Industrial Insurance regulations and cause any subcontractors
working on behalf of the Licensee to also carry such insurance prior to performing work under the
Agreement. The County will not be responsible for payment of workers’ compensation premiums
or for any other claim or benefit for the Licensee its employees, consultants, or subcontractors
which might arise under the Washington State Industrial Insurance laws.

All insurance shall be placed with insurance carriers licensed to do business in the state of
Washington and with carriers subject to approval by the County. The County reserves the right to
receive a certified copy of the required insurance policies and to approve all deductibles. Insurance
shall not be reduced or canceled without thirty (30) days’ prior written notice to the County.

Upon execution of this Agreement and within ten (10) days after the bid award, if any, the
Licensee shall provide the County with a certificate of insurance outlining the required coverage’s,
limits and additional insured endorsement. Approval of insurance is a condition precedent to
approval of this Agreement by the County Risk Manager.

e. Licensee shall obtain all other permits and licenses required by law. By executing this
document, the County does not warrant whether any other permits or licenses are necessary.

4. Hold Harmless. Licensee shall protect, hold harmless, indemnify, and defend, at
its own expense, Snohomish County, its officers, elected and appointed officials, employees and agents,
from and against any loss or claim for damages of any nature whatsoever, arising out of this license,
including claims by Licensee’s employees or third parties, except for those damages solely caused by the
negligence or willful misconduct of Snohomish County its officers, elected or appointed officials, employees or agents.

5. **Non-discrimination.** The Licensee shall comply with the Snohomish County Human Rights Ordinance, Chapter 2.460 SCC, which is incorporated herein by this reference. Execution of this contract constitutes a certification by the Licensee of the Licensee’s compliance with the requirements of Chapter 2.460 SCC. If the Licensee is found to have violated this provision, or furnished false or misleading information in an investigation or proceeding conducted pursuant to Chapter 2.460 SCC, this contract may be subject to a declaration of default and termination at the County's discretion. This provision shall not affect the Licensee's obligations under other federal, state, or local laws against discrimination.

6. **Termination.** Either party may terminate this Agreement by giving at least ten (10) days' written notice of termination to the other party, except that the County may, at its election, terminate this Agreement at any time if Licensee fails to comply with any of the provisions of this Agreement. County may retain any advanced payments.

7. **Non-assignment.** The Licensee shall not assign any of the rights, duties or obligations covered by this Agreement without the prior express written consent of the County.

8. **Governing Law and Venue.** This Agreement shall be governed by the laws of the State of Washington and any lawsuit regarding this Agreement must be brought in Snohomish County, Washington.

9. **Severability.** Should any clause, phrase, sentence or paragraph of this Agreement be declared invalid or void by a court of competent jurisdiction, the remaining provisions of this Agreement shall remain in full force and effect.

10. **Entire Agreement.** This Agreement is the complete expression of the terms and conditions hereunder. Any oral or written representations or understandings not incorporated herein are specifically excluded.

---

**"COUNTY"**

SNOHOMISH COUNTY

By: [Signature]

Tom Teigen, Director

Date Signed: **12/18/19**

---

**"LICENSEE"**

By: [Signature]

Owner

Date Signed: **12/18/19**

---

REVIEWED BY RISK MANAGEMENT

Approved ☑ Other ( )

[Initials]

Date Signed: **11-21-19**
Schedule A

Products:

Discs, disc golf bags, carts, baskets, accessories and apparel.
All types of discs molds, plastics, drivers, mid-range, putters, recreational discs for catch and freestyle.
From starter to advanced and even top pro size bags to fit every player's needs.
Pull Carts of all different sizes and styles.
Portable baskets for those who need/want one for their back yard.
Mini discs
Mini baskets, towels, sport bags, shirts, jackets, hats, beanies, shoes, umbrellas and coolers.
Drinks and pre-packaged snacks on non-tournament, league, singles, doubles, bag tag rounds.

Services:

Offer a professional and pleasurable retail experience as well as two (2) pay to play 18 hole disc golf courses (to start). Then potentially adding two more for a total of 4 as well as a light up pitch and putt.

Initial Opening Plan:

First and foremost getting the grounds more presentable. Cutting back all the weeds, trimming the overgrowth and improving the overall look around the parking lot as well as the clubhouse. Mowing the course to get it at a playable level.
Once mowed, fine tune pin and tee pad placements.
Once fine tuned, install tee pads, pins, and signage.
Stock the pro shop, add any finishing touches to overall aesthetics of parcel.
Plan for an event to introduce ourselves and disc golf to the neighbors and community.
Offer free clinics as well as rounds of golf and prizes, food, giveaway's.

League Play:

Once courses are in play we plan to host a sanctioned winter league to encourage more players throughout the dark months. Also possibly hosting a winter putting league inside the educational building.
Saturday random flip doubles
Sunday singles ace pot
Once a month bag tag rounds
Once a month BYOP (bring your own partner) doubles
Tournament Play:

Once course is in play and up to PDGA standards we plan to sanction events, more realistically closer to March and summer months. But hopeful to unveil at least one in the winter as well. Probably start with some C and B-tier events. Ideally we would love to work our way up to A-tier and NT or even larger events. That has some variants so we will project and plan for the best.

HOURS OF OPERATION:

Operations and services offered:

If we are only hosting disc golf events on the courses, and pro shop to start will most likely be:

FALL/WINTER – September 23, 2019 – March 19, 2020, Thurs-Sun, 9am-5pm

SPRING – March 19, 2020 – June 20, 2020, Wed-Sun 10am – 8pm

SUMMER – June 21, 2020 – September 22, 2020, Wed-Sun 10am – 8pm

Always being prepared to adjust based off of demand.

With permission from County Parks Special events and larger disc golf events may start and end earlier and run later than the attached written hours of operation.
**CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER**
Nair Insurance Agency
33305 1st Way S Ste B206
Federal Way WA 98003-8259

**INSURED**
CHAINBANGERS
RENTON WA 98057

**CONTACT**
NAME: Elisa Beam
PHONE (A/C NO. EXT): 253-855-1335
FAX (A/C NO.): 253-874-1281
E-MAIL ADDRESS: elisa.pnair@farmersagency.com

**INSURER(S) AFFORDING COVERAGE**
Insurer A: Truck Insurance Exchange
21709
Insurer B: Farmers Insurance Exchange
21652
Insurer C: Mid Century Insurance Company
21637

**COVERAGES**

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**DESCRIPTIO OF OPERATIONS/Locations/Vehicles (ACORD 101) Additional remarks Schedule may be attached if more space is required.**

**SNOWHOMISH COUNTY, ITS OFFICERS, ELECTED OFFICIALS, AGENTS AND EMPLOYEES ARE LISTED AS ADDITIONAL INSURED Location**

**CANCELLATION**

**CERTIFICATE HOLDER**
SNOWHOMISH
6705 PUGET PARK DR
SNOWHOMISH WA 98296

Elisa Beam

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS POLICY

SCHEDULE

Name Of Person Or Organization: SNOHOMISH COUNTY, ITS OFFICERS, ELECTED OFFICIALS, AGENTS AND EMPLOYEES

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The following is added to Paragraph C, Who Is An Insured in the Businessowners Liability Coverage Form:

4. Any person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of your ongoing operations or premises owned by or rented to you.
GEICO CHOICE INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS
KEITH MICHAEL LIONETTI
RENTON WA. 98057-5356

Policy Number: 4601112875
Effective Date: 10-30-19
Expiration Date: 01-25-20
Registered State: WASHINGTON

APPROVED
By Snohomish County Risk Mgmt (DBAer) at 3:00 pm, Nov 21, 2019

To whom it may concern:
This letter is to verify that we have issued coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 1994
Make: FORD
Model: ECONO E250
VIN: 1FTFE24YXRH55211

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<td>Each Person/Each Occurrence</td>
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<td>Underinsured Motorist Property Damage</td>
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Lienholder
Additional Insured
Interested Party

Additional Information:

Issued 10/29/2019

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGE, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGE, LIMITS AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGE, LIMITS, AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.
To whom it may concern:

This letter is to verify that we have issued coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2006
Make: LAYTON
Model: LIMITED181
VIN: 1SE200L266D000150

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Lienholder _______  Additional Insured _______  Interested Party _______

Additional Information:

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS, AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.
SNOHOMISH COUNTY KEY CARD/CHECKOUT

Keith Lionetti

NAME

ADDRESS

Renton, WA 98057

CITY, ZIP

CCA -S (2) and DAC-1 (2) Kayak Point Golf Course and Clubhouse

KEY # /PARK NAME

I agree to only use the assigned key for authorized written park purposes that the Snohomish County Parks Department has given me prior written authorization to perform and will not use the key for personal, unauthorized or inappropriate use. The key will be used from December 9, 2019 and returned to the Parks Department when Concessionaire License Agreement expires or is cancelled.

SIGNATURE
Schedule B
Snohomish County Department of Park, Recreation & Tourism

Volunteer Caretaker Service Agreement

This is a contract. It affects your legal rights and duties. It includes provisions regarding assumption of risk, waiver and indemnification, and release of claims. Please read it carefully before signing it. Please initial the bottom of each page as you read it.

This Volunteer Caretaker Service Agreement ("Agreement") is a contract between Snohomish County ("the County"), a home rule charter county and political subdivision of the State of Washington, and the volunteer whose signature, name and other contact information appear below ("Caretaker").

For and in consideration of the mutual agreements contained in this Agreement, the County and Caretaker agree as follows:

Background

1. The County owns and operates a number of parks, campgrounds and other recreational facilities and premises throughout Snohomish County, Washington.

2. Many volunteers, nonprofit organizations, and other persons operate, maintain, or otherwise contribute to the continued viability of the County’s numerous parks, campgrounds, and recreational facilities.

3. Volunteers who assist the County to operate or maintain its facilities choose to donate their labor of their own free choice, and to perform services on the County’s behalf without any compensation. Volunteers are NOT considered to be County employees. Volunteers are not eligible for any benefits that may accrue to County employees.

4. Caretaker is an individual who wishes to volunteer as a Volunteer Caretaker at a County campground, and, in that capacity is willing to perform certain specified duties in exchange for training, supervision, assistance and other gratuities as explained more fully below.

Initial [KL]
As the caretaker required duties directly benefit the County and the County requires a caretaker onsite the Fair Market Value is $0 with no Leasehold Excise tax collected nor required.

Caretaker Service Duties and Obligations

Purpose: This section outlines the basic duties that Caretaker may be called on to perform, and describes the training, recordkeeping, and other requirements that Caretaker must fulfill in order to serve as a Volunteer Caretaker. The Caretaker assists park staff with minor park maintenance, and provides information to park visitors, and provides a presence. The Caretaker most important duties are to be present at the assigned park property and to provide visitors with information. The public perceives the caretaker as a representative of and an advocate for the Snohomish County Parks and Recreation Department. Therefore, Caretaker should always conduct him- or herself in a manner that upholds a positive image of a Caretaker and of the Snohomish County Parks and Recreation Department.

Duties

In general, Caretaker may be asked to perform tasks that may include, but are not limited to, the following:

1. Wear Snohomish County parks apparel to identify themselves as the parks caretaker.

2. Greet and assist visitors, inform them of common park and facility rules, answer questions and receive comments about the park, facility and surrounding area, and distribute maps, brochures, and facility information to individuals and groups. When unable to answer questions refer questions to a Park Staff or other designee.

3. Patrol the assigned park property twice each day, varying time of day to avoid setting identifiable patterns, to assess and report on the status of the campground.

4. Promote care of the park and facilities by keeping the site clean and assisting in minor maintenance tasks such as picking up litter or light duties as identified by supervisory park staff.

5. Ensure restroom facilities (if equipped) have adequate toilet paper and paper towels in the dispensers; sweep restroom floors and remove litter.

Initial

6. Maintain the agreed upon _ hours of service per week. Lock entrance gate at Dusk each evening and reopen at 7:00 a.m. each morning, or otherwise open and close gates within the park based on instructions from the lead Park Staff or other designee.

8. Observe activities within the park or facility for situations that may require immediate attention.
   a. Be responsive and available to park users for their inquiries and complaints. Handle confrontations with tact, using communication skills to de-escalate illicit behavior.
   b. Respond to and note disturbances or violations of park rules that occur in the parks.
   c. Notify park staff of any ongoing issues in the park.

9. Respond to emergencies that occur in the park, such as fire, flooding, or medical emergencies.
   a. Caretaker should call 911 for police, fire or medical assistance when required.
   b. Caretaker should call the Lead Park Staff Mike Remle at 425-508-6611, Senior Park Ranger Jeanne Blackburn, 425-508-6597, Senior Park Ranger Jerry Smith, 425-508-1875, Operations Supervisor, Rich Patton at 425-508-6614 Staff or Division Manager, Russ Bosanko at 425-280-0753 as soon as reasonably possible to report any emergency situation.
c. Caretaker should use good judgment. Do not put yourself or others in danger.
d. Caretaker is not responsible to enforce park rules or other laws or regulations, and the Volunteer Caretaker Service Agreement does not authorize Caretaker to do so.

10. Accurately report volunteer hours each month.

12. Follow all legal and recommended safety requirements; use tools properly with recommended protective clothing and equipment, (e.g. gloves, goggles or safety glasses, hard hat, hearing protection, etc.).

Initial

Caretaker Qualifications and Recordkeeping

1. Caretaker must have a current Washington State driver’s license.

2. Caretaker must have proof of current auto liability insurance.

3. Caretaker must maintain proof that Caretaker has paid and is up to date on all taxes associated with this opportunity that may be required by Washington state law. However, nothing in this Agreement modifies Caretaker’s right to contest any such tax, and the County shall not deem Caretaker to be in default as long as Caretaker shall, in good faith, be contesting the validity or amount of any such taxes.

4. Caretaker must provide and keep a record of Caretaker’s professional and personal references.

5. Caretaker must keep a copy of all records relating to Caretaker service for a minimum of five years from the date that Caretaker service to the County ends.

Caretaker Safety and Responsibility

Please write your initials in the space provided next to the following 7 items to indicate that you have read them and agree to them.

Initial

1. Background Investigation. I understand that as a Volunteer Caretaker, I may have contact with children under sixteen (16) years of age, developmentally disabled persons, or other vulnerable persons. I understand that the County will have a background investigation completed. I understand the County may use the results of that investigation to determine my eligibility to serve as a Volunteer Caretaker. I agree
to completely fill out the Background Investigation Information Form attached to this Agreement.

I agree to release Snohomish County Parks and Recreation and other persons concerned from any liability that may arise from information revealed by the County’s background investigation.

2. Accident Reporting: I agree to inform the Lead Park Staff or other designee immediately if I am involved in an accident or witness an accident while performing assigned duties.

3. Physical Conditions: I agree to perform only those tasks that are within my knowledge, ability, and physical capability. I will inform staff of any health condition(s) that staff should be aware of in an emergency; i.e., medications, allergies, existing medical conditions.

Initial

4. Equipment: I understand that County equipment issued to me is the property of the Snohomish County Parks and Recreation. I agree not to loan County-owned equipment to park visitors, and to return items clean and in good repair at the completion of my assignment. I understand I may be held responsible for damage to County equipment resulting from improper or negligent use. I also understand that it is in my best interest not to loan personal property or equipment to park visitors, and that the Snohomish County Parks and Recreation Department is not responsible for loss or damage to any personal equipment that I may independently choose to use in the course of providing volunteer service.

5. Not an Employee: I understand and acknowledge that I am a volunteer and not a Snohomish County employee.

6. Hazards and Risks: I understand and acknowledge that volunteering as a Caretaker may expose me and my property to certain unavoidable hazards or risks, including but not limited to the following: remote location; potential for confrontational situations, forest fires, landslides, flooding, or other natural hazards.

7. Emergencies: I understand that I should call 911 for police, fire or medical assistance when required. I understand that I should call the Lead Park Ranger Staff Mike Remle at 425-508-6611, Senior Park Ranger Jeanne Blackburn, 425-508-6597, Senior Park Ranger Jerry Smith, 425-508-1875, Operations Supervisor, Rich Patton at 425-508-6614 Staff or Division Manager, Rus Bosanko at 425-280-0753 as soon as reasonably possible to report any emergency situation. I understand and agree that I should use good judgment. I understand that I should not put myself or others in danger. I understand and agree that I am not responsible to enforce park rules or other laws or regulations, and this Agreement does not authorize me to do so.

Caretaker Obligations as Temporary Park Resident

Purpose: The obligations described in this section are rules that Caretaker must abide by as a temporary resident of the Park. These obligations are not "official duties" within the meaning of Chapter 4.92 RCW (copy attached).

1. Caretaker will erect no building or other structures without prior written approval of Snohomish County Parks and Recreation. Unapproved improvements become the property of Snohomish County.
2. Caretaker will refrain from, and will cause Caretaker pets, guests, and invitees to refrain from all disorderly conduct, waste, vandalism and nuisance on the premises and all conduct that interferes with the use of any other County property. Caretaker will be liable to the County for any loss that County may suffer from violations of this provision.

3. Caretaker will inform the lead Park Staff or other designees, when they notice repairs are needed.

4. Snohomish County assumes no liability for third party repossession of Caretaker mobile home, RV or trailer, or other property.

5. Caretaker will allow no lewd or immoral conduct in or about the premises and/or space occupied by Caretaker. Caretaker will report any such conduct by calling 911.

6. Caretaker will get written permission from the lead Park Staff or other designee prior to bringing Caretaker pets on park property.

7. Caretaker will provide their own personal transportation vehicle and required Washington State minimum automobile liability insurance and Drivers License. The County may demand to inspect Caretaker automobile liability insurance documentation and driver’s license at any time.

8. Caretaker will provide a camper or travel trailer, for living quarters. Caretaker will maintain a clean and attractive site and living quarters.

County’s Duties:

Purpose: In exchange for Caretaker service, the County will provide Caretaker with an opportunity to live in an attractive and rural or remote recreational site on public land, at no charge to Caretaker except for required Leashold Excise Tax. The County will provide the Caretaker with an opportunity to provide an important and meaningful public service by protecting and enhancing our public parks. The County will provide Caretaker an opportunity to learn about, and enjoy, Snohomish County’s abundant natural resources.

Initial

The County’s duties under this Agreement are to:

1. Provide to Caretaker a residence site area large enough to accommodate Caretaker supplied temporary housing, and to provide water, basic electric service to the site, and septic. Waste removal is also available at Wennerg County Regional Park.

2. Provide the Caretaker with clothing to identify them as a Volunteer Caretaker.
3. Provide Caretaker with the forms and other materials necessary, activity logs, time records, and reporting emergencies or incidents.

4. Provide additional written information regarding specific duties, safety requirements, park rules and laws related to recreational use, emergency contact lists and reporting procedures.

5. Provide personnel, materials, and equipment necessary to maintain a clean and safe park or recreational area.

6. Orient and train Caretaker regarding Caretaker expected responsibilities as described above.

7. Provide signage identifying the site location of the Volunteer Caretaker.

8. Provide updated emergency contact phone list.

9. Provide written procedures necessary to perform Caretaker duties.

10. Provide access to necessary cleaning equipment and supplies.

11. Upon request, provide a letter of reference for Caretaker.

Initial ___________________________

**General Terms and Conditions**

**Purpose:** This section outlines terms and conditions that apply to both Caretaker and County, and provides a legal framework for interpreting this Agreement.

1. **Eviction for failure to perform.** If Caretaker substantially fails to perform his or her duties under this agreement, then County may commence an action in unlawful detainer in accordance with Chapter 59.12 RCW. County may commence such action at any time after giving Caretaker written notice under that chapter. This agreement is an "agreement" and the recreation site is "real property" as those terms are used in that chapter.

2. **Costs and Attorney Fees.** If either Caretaker or County brings legal action against the other to enforce this agreement, then each of them shall bear their own attorney's fees and other costs connected with the action regardless of whether or not any litigation is initiated or judgment is reached.

3. **Termination.** Either Caretaker or County may terminate this Agreement by giving not less than ten (10) days advance written notice; PROVIDED, that unsatisfactory performance or any other failure of the Caretaker to provide the services agreed to in this Agreement shall be grounds for the County to immediately terminate the Agreement.

4. **Choice of law; venue.** Caretaker and County agree that this Agreement will be governed by the laws of the State of Washington, and further agree that Snohomish County Superior
Court will be the proper venue for any litigation regarding this Agreement.

5. Entire Agreement. This Agreement contains the entire Agreement between the County and Caretaker with respect to the subject matter hereof. There are no other Agreements between them, oral or written, except as expressly set forth herein.

6. Amendments in Writing. Any amendment or modification of this Agreement must be in writing and executed by the Parties agreeing thereto.

7. No Continuing Waiver of Default. The waiver of any default under any provision of this Agreement must be in writing to be valid and shall not constitute a waiver of any other default, whether of the same or any other provision.

Initial

8. Headings and “Purpose” Statements Not Part of Agreement. The headings and "purpose" statements of the various sections and subsections of this Agreement are inserted for convenience only and shall not be deemed to expand, limit, or otherwise affect its terms and conditions.

9. No Recording of Agreement. This Agreement shall not be filed for recording.

10. Assignability Agreement Binding on Successors and Assigns. Caretaker and the County may assign or delegate their rights and obligations to other persons, firms, or corporations, but only if the other party consents to such assignment or delegation. If the parties approve an assignment or delegation, this Agreement shall be binding on such approved assignees and delegates.

11. No Agency, Partnership, or Employment Relationship Created. Nothing herein shall be construed as creating an agency, partnership, or employment relationship between Caretaker and the County or any of their employees, representatives, or agents.

12. Effective Date of Agreement. The effective date of this Agreement shall be the date of its execution by the last Party to execute it.

13. Duration. This Agreement is effective from ____________, to ____________, 2020.

Volunteer Release of Claims and Agreement to Hold Harmless and Indemnify County

Caretaker, on behalf of themselves and their estate, hereby waives any right of recovery and releases Snohomish County, their officers, officials, employees and agents, from liability related to Caretaker, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the County from and against any and all claims, damages, actions, liability and expenses including attorney’s fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Caretaker’s activities and participation as a Volunteer Caretaker.

Caretaker further acknowledges and agrees that the County does not assume any responsibility whatsoever for any of Caretaker property and Caretaker shall not hold the County liable for any loss or damage to same. Caretaker gives permission to be photographed and have their image used in Snohomish County publications.
I certify that I have read this Volunteer Caretaker Service Agreement. I have reviewed the information herein. I understand the terms of the Agreement and I choose voluntarily to execute it.

Volunteer Signature: [Signature]
Date: 10/14/19

The Caretaker (s) for this agreement is/are: KEITH LIONET

Print Caretaker full name(s): [Name]
Date: 10/14/19

Signature(s) of Caretaker: [Signature]
Month/day/year

Print Caretaker mailing address:

RENTON, WA 98057

City State Zip

206-310-0877 info@guwannbanners.com

Print telephone numbers/cell phone numbers/ e-mail addresses of Caretaker(s)

Lead Park Staff or other designee: [Name]
Date: 12/18/19

Operations Supervisor/ Operations Supervisor: [Name]

Date

Background Investigation Disclosure Statement
Pursuant to 42.3.834(2), all applicants who have been offered a position as an employee or a volunteer, and in which position the person may have unsupervised access to children under sixteen years of age, to developmentally disable persons, or to vulnerable adults, are required to disclose the following information:

1. Have you ever been convicted of any crime against children or other persons? ☐ Yes ☐ No

   "Crimes against children or other persons" (as identified in RCW 43.43.830) means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW
2. Have you been convicted of crimes relating to financial exploitation* where the victim was a vulnerable adult**?

- Pursuant to RCW 43.43.832, "crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future. "Financial exploitation" means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

** Pursuant to RCW 43.43.832, "vulnerable adult" means "vulnerable adult" as defined in RCW Chapter 74.34, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.

3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

4. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?

6. Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

7. Have you ever been convicted of crimes related to drugs*?

* "Crimes related to drugs" (as identified in RCW 43.43.830) means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature: ______________________ Signed at (City, State): _______ SEATTLE, W.A.

Applicant's Name (Print): KEITH LIDNET Today's Date: 10-14-19

Snobhomish County witness: ______________________
Name: KEITH LIONETT
Signature:

Lead Park Staff
Signature:
Attachment A

Copy of Washington Drivers License

Attachment B

Copy of automobile insurance
Attachment C

Copy of tax records
Attachment D

*Copy of personal references*

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone#</th>
<th>Email</th>
<th>Relationship</th>
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</tbody>
</table>
Chris Durant - 707-845-8864 - durant707@gmail.com- 2752 Strating Court McKinlyville,CA 95518 - friend
Brad Kremer - 530-414-0310 - jedikremer@gmail.com- 19701 Spruce St. Castro Valley, Ca 94546 - friend
Chris Gilberts - 360-359-5206 - 217 W ST SE Tumwater, WA 98501 - friend
Patrick McGlone - 508-797-2682 - friend/employee
Jason Coke - 425-218-9571 - friend
Jason Van Proyen - 425-931-1955 - friend
Brian Anderson - 425-931-2858-playultimate@gmail.com- 9633 54th PL NE Lake Stevens, WA - friend
John Anderson - 701-388-7290- post428@hotmail.com- 7617 Columbia Way NE Lacey, WA 98516-friend

More references available upon request
**Attachment E**

**Duties and hours per service**

**Snohomish County Parks Volunteer Caretaker Duties**

Per the Campground Caretaker contract, a Volunteer Caretaker will receive a campsite/site pad in exchange for 24 hours of weekly service. The duties of the Caretaker will be determined by the Lead Park Staff. All duties are subject to change under the discretion of the Lead Park Staff.

<table>
<thead>
<tr>
<th>Park Tasks</th>
<th>Frequency</th>
<th>a.m.</th>
<th>p.m.</th>
<th>Estimated time to perform</th>
<th>Hours per day</th>
<th>Total per Week</th>
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<tbody>
<tr>
<td>Raising/ lowering flags</td>
<td>n/a</td>
<td></td>
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<tr>
<td>Opening / closing gates</td>
<td>2 x a day</td>
<td>7am</td>
<td>Dusk</td>
<td>2 hours x 7 days</td>
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<td>14 hours</td>
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<tr>
<td>Posting signs</td>
<td>n/a</td>
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<tr>
<td>Filing out registration sheets / customer service</td>
<td>n/a</td>
<td></td>
<td></td>
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<tr>
<td>Updating bulletin boards</td>
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<td>Checking / opening shelters</td>
<td>n/a</td>
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<tr>
<td>Restroom Maintenance</td>
<td>n/a</td>
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<tr>
<td>Checking restrooms</td>
<td>n/a</td>
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<tr>
<td>Cleaning bathrooms</td>
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<td>Stocking restrooms</td>
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<tr>
<td>Picking up trash</td>
<td>1 x per day</td>
<td>1 hour x 4 days</td>
<td>1</td>
<td>4</td>
<td></td>
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<tr>
<td>Wiping down picnic tables</td>
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<td></td>
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<tr>
<td>Cleaning parks</td>
<td>As needed</td>
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<td>Cleaning signs</td>
<td>As needed</td>
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<td>Garbage detail</td>
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<tr>
<td>Brushing/</td>
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<td>wiping down picnic tables</td>
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<tr>
<td>patrolling</td>
<td>1 x per day</td>
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<td>Lawn maintenance/</td>
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<td>Other</td>
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Total hours per Week: 24

Name:

Signature:

Lead Park Staff:

Signature:
**Important Information**

Here are your Policy Identification Cards. Two cards have been provided for each vehicle insured. Please destroy your old cards when the new cards become effective. If your policy is canceled for any reason whatsoever, your ID card becomes invalid. You must notify us within 15 days if you add or change a car and new cards will be sent to you.

Due to space limitations on the ID card, only the Named Insured and the Co-Insured are listed. For a full list of drivers covered under this policy, please log onto geico.com or reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the card.

If you would like additional ID cards you can go online to geico.com or call us at 1-800-841-3000.

---

**GEICO**

Washington Insurance ID Card 1-800-841-3000

GEICO CHOICE INSURANCE COMPANY
P.O. Box 500909 • San Diego, CA 92150-0909

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Insured:
Keith Michael Lionetti

---

**GEICO**

Washington Insurance ID Card 1-800-841-3000

GEICO CHOICE INSURANCE COMPANY
P.O. Box 500909 • San Diego, CA 92150-0909

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<td>1FTFE24YX9HB55211</td>
</tr>
</tbody>
</table>

Insured:
Keith Michael Lionetti
What to do at the time of an accident.
- Do not admit fault
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information, get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling 1-800-368-1000 or visit geico.com to report the accident.
APPLICATION TO ALTER PARKS DEPARTMENT PROPERTY

This application is required for all alterations, additions, and/or modifications to park property. Multiple alterations of a similar nature or within a common area may be combined on one application. Depending on the scope of work an additional agreement may be required to authorize construction and/or access to park property. If volunteer labor is used to construct or maintain alterations, a Group Volunteer Sign-In and Liability Release must be completed and submitted for each work party.

Note to the Applicant: Please complete this questionnaire carefully. Your explanations and descriptions must be specific. The information you provide will enable staff to determine the full impact of the project on present or future development, maintenance, facility use and enjoyment by the public.

In addition to completing this Pre-Application Questionnaire, you must also submit supporting documentation. This material will facilitate the review and evaluation process of your proposed project. Examples of the types of information that should be included are, vicinity map, survey, site plans, construction drawing or sketches, comprehensive list of any supplies and/or materials that you will provide in the development of your project, and the size/size of vehicles or equipment that will need to access the Department’s property, etc.

Depending on the type of use proposed, law from other County, State and Federal agencies may require permits. It is the applicant’s responsibility to determine requirements and apply for any other permits, licenses, etc. required to complete the proposed project. You must provide proof of having obtained approved permits before your application will be considered for approval.

When you have provided the necessary information, Parks Department staff will review your application and return their recommendation for approval or disapproval within six weeks of receipt.

SECTION I - General Information (Please type or print)

Name of Applicant: KEITH LIONETTI ("Applicant")
Organization/Company Name: DISCOVERING OPEN SPACES/CHAIN BANKERS
Mailing Address: ___________________________________________ City: Renton
State: WA Zip: 98057 Phone #: (Day) 206-510-0877 (Eve)
Fax: ______________________ e-mail address: DISCOVERING OPEN SPACES.COM

I am applying for:

☐ 1. Temporary or permanent improvements or alterations to Parks and Recreation Department ("Department") property that enhance the public parks and recreation purpose(s) of the site. Examples: Installation/Donation of scoreboards, benches, signs, and vegetation.

☐ 2. Long-term or permanent alterations to Department property not related to parks and recreation use of the site. Examples: Utility easements, access easements, leases, long-term use permits.

☐ 3. Short-term or temporary use or alterations to Department property not related to parks and recreation use of the site. Examples: Removal/installation/alteration of vegetation, temporary structures, temporary roads, and access to private property.

1
Name of Park for proposed use/alteration: **KAYAK POINT GOLF COURSE**

Parcel numbers(s) for property referenced in this permit application:

Lead Parks staff person for this project:

Proposed start and end date of project: Begin ________________ End ________________

Your projected cost for the project $ __________

Precise location on property for proposed use/alteration (include property map showing limit of work): SEE ATTACHED

Precise description of proposed use/alteration (Be specific, attach additional documents as necessary):

**SECTION II- Public Benefit**

Is the proposed use/alteration for public or private purposes? Public ☒ Private ☐

Is the proposed use/alteration for commercial purposes? Yes ☒ No ☐

How will the proposed use/alteration benefit the Department and/or the Public? **OFFER A SPACE FOR THE PUBLIC TO COME TO RECREATE. CREATE A BETTER LOOKING PARCEL SO ITS PARTICIPANTS HAVE A BETTER QUALITY OF LIFE WHILE VISITING.**

Will proposed use/alteration conflict with Department use or development of the land for park purposes? NO DIFFERENT FROM ITS PREVIOUS USE

**SECTION III- Project Construction**

Who will be performing the work for your project? Contractor ☐ Volunteers ☒

Name of Company or Organization: **DISCOVERING OPEN SPACES / CHAIN BANKERS**

Name of Owner and/or Project Manager: **KEITH LIONE**

Mailing Address: **357** City: **RENTUN**

State: **WA** Zip: **98077** Phone #: **206-310-0877** Fax:

Are they bonded? Yes ☒ No ☐ Amount of liability insurance: $ __________

2
Name of Agreement authorizing work on the property (volunteer, maintenance and operation, right-of-entry, etc.):______________________________

Issued to:______________________________ Effective From:__________ to__________

SECTION IV- Maintenance

Snohomish County assumes no responsibility for the maintenance and/or care of the improvements referenced in this application. The Applicant agrees to maintain all improvements/alterations in a safe useable condition. Should the improvements/alterations cease to be used or maintained, the Applicant agrees to restore the park to preconstruction conditions at no cost to the Department. If the improvements/alterations are not maintained in a safe useable condition, the Department reserves the right to have all improvements/alterations removed at the Applicant’s expense.

SIGNATURE OF APPLICANT

Name: ____________________________
Signature: ____________________________ Date: ____________

DEPARTMENT ACTION (for department use only)

Approved (conditions attached):________________________________________
Rejected:______________________________

Project Manager:

Name: ____________________________
Signature: ____________________________ Date: ____________

Supervisor:

Name: ____________________________
Signature: ____________________________ Date: ____________

Notes:
Rough Layout for disc golf resort
SNOWHOMISH COUNTY PARKS & RECREATION
VOLUNTEER GROUP WORK PROJECT APPLICATION

General Information

Organization (if applicable): DISCOVERING OPENSPACES / CHAINBANERS
Contact Name: KEITH LONETI
Date: 10-17-19
Address: [redacted] Suite A City, State Zip: RENTON, WA 98057
Home Phone: 206-310-0877 Work Phone: Email: info@chainbaners.com

In case of emergency, please contact:
Name: Deja Parent Relationship: PARTNER
Home Phone: 206-555-9747 Emergency Phone:

Park Location

Park/Trail: KAYAK POINT GOLF COURSE
Area of Park/Trail: THROUGHOUT OLD COURSE

Project Timeframe

Please indicate how frequently, your group will be participating in this project:
☐ One time ☐ Quarterly ☐ Monthly ☐ Weekly

Proposed start date: 11-1-19 Proposed completion date: 12-1-19 - 11-1-21

Project Proposal

Please provide a specific description of the project you (and/or your organization) would like to undertake. Please include photos, drawings, list of supplies and/or materials if applicable. Please use additional pages if necessary.

INITIALLY WE WOULD LIKE TO GET INTO THERE & CUT BACK ALL THE BLACKBERRIES & OVERGROWTH AS WELL AS MOW THE LAWNS.

THEN INSTALL 36 TEE PADS & JOG SLEEVES FOR MULTIPLE PIN PLACEMENTS. FOOTPRINT FOR THE PAD WILL BE 6' x 12' USING EITHER CONCRETE OR SYNTHETIC TURF. FOOTPRINT FOR SLEEVES WOULD BE 1' X 1' 1/2" DIAMETER & 2' X 1/2" DEPTH.

ALONG WITH THE PADS & SLEEVES WE PROPOSE TO INSTALL 36 TEE SIGNS & 2 LARGE FLAG PLACARD SIGNS ALL SHOULD ONLY TAKE UP A FOOTPRINT OF 12" X 24" WOOD FRAME (possibly

ONCE THESE COMPONENTS ARE IN PLACE, WE PLAN TO CONTINUALLY MAINTAIN THE COURSE BY KEEPING ALL OF THE INVASIVES AT BAY & PROVIDING NOT ONLY AN ARTISTICALLY APPEALING LOOK, BUT A MUCH MORE VIBRANT & ECOCALLY SENSIBLE HABITAT.
Volunteer Service Agreement

Agreement:
As an organization, we agree to maintain, but not alter, remove or destroy the present landscaping or design of the park or trail which our project involves. We acknowledge that all physical changes must be submitted in writing and are subject to approval by Snohomish County Parks Department. We understand that Snohomish County Park’s employees will give direction and coordination as appropriate. We will comply with the conditions outlined by Snohomish County and we will also comply with all Rules and Regulations of the Parks.

By my signature below as the group’s representative, I acknowledge that all volunteers on this project have agreed to provide volunteer services for no compensation and willingly agree to:

- Facilitate the registration of all the volunteer worker’s for Snohomish County Parks;
- Follow all safety rules and regulations, avoid all hazards and refuse to perform any work assignment we are not qualified to perform;
- The group agrees to accept responsibility for the safe use and maintenance of tools and equipment use as part of volunteer service;
- We agree to represent Snohomish County Parks and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor;
- As far as I know there is not a member of our volunteer group who has been charged with a misdemeanor or felony;

| Does the volunteer activity that you will be performing require any licenses, i.e. professional /trade /recreational as listed with WA State Department of Licensing, WA State Department of Health, WA Department of Labor and Industries, or any other state agency as required by state law? If so, please list the license number(s) and/or other required insurance and/or bonding information below your name. |
| Volunteer group ensures that to the best of their knowledge there are not any medical issues that will preclude individuals from participating in the activity. |

REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following: your signature indicates you understand and agree. Any questions please check with your project coordinator.

VOLUNTEER WORKERS
I understand that as volunteer workers as defined by RCW 51.12.035, all volunteers must register with Snohomish County Parks Department. I agree to submit the number of hours volunteered to the project coordinator. I agree to abide by the policies, procedures and guidelines set forth by Snohomish County Parks Department.

VOLUNTEER - NOT AN EMPLOYEE OF SNOHOMISH COUNTY PARKS
It is understood that volunteers are not employees of Snohomish County Parks. As the group representative I acknowledge that the volunteers will not represent themselves as, or claim to be an officer or employee of Snohomish County or claim any right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. The volunteer group understands that there will not be any personal compensation for services rendered through volunteer activities.

HOLD HARMLESS AGREEMENT
I understand and agree to hold harmless and waive all claims of liability against Snohomish County, its sponsors and partners, except for claims and damages associated with Snohomish County’s and/or its sponsors and partners sole negligence.

ACCIDENTS/INJURIES WHILE VOLUNTEERING
If an accident occurs while performing as a volunteer, the accident must be reported to the Snohomish County Parks program coordinator immediately or within 24 hours. It is understood that if a volunteer is injured while performing volunteer activities the volunteer may be eligible for workers' compensation benefits as described in RCW 51.12.035. In addition, registered volunteers may be afforded liability coverage through the County’s self-insured liability program. For specific information please contact the Snohomish County Risk Manager in the County Finance Department (425) 388-3726.
REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following – your signature indicates you are serving as the group lead and take responsibility to adhere to and ensure the following for yourself and the entire group:

VOLUNTEER WORKERS
I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible for registering as a volunteer worker. I agree to submit the number of hours volunteered to the project manager/supervisor. I agree to abide by the policies, procedures and guidelines set forth by Snohomish County Parks Department.

VOLUNTEER - NOT AN EMPLOYEE OF SNOHOMISH COUNTY PARKS
I understand that I am not an employee of Snohomish County Parks. I further understand that I will not hold myself out as, or claim to be an officer or employee of Snohomish County Parks or take any claim of right, privilege or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law. I do not expect to receive any personal monetary wages for services rendered through volunteer activities.

MEDICAL / WORKERS COMPENSATION INSURANCE
I understand that as a registered volunteer under RCW 51.12.035 that Snohomish County Parks through their self-insured workers' compensation program, provides registered volunteers with medical aid for injuries sustained while engaged in volunteer activities. I further understand that this coverage does not apply to disability or injuries caused by pre-existing medical conditions.

HOLD HARMLESS
Except for their sole negligence, I agree to hold harmless and waive all claims of liability against the Snohomish County Parks arising out of my performance as a volunteer.

LIABILITY INSURANCE
Registered volunteers are provided liability coverage through the County's self-insured liability program. I understand that as a registered and accepted volunteer of Snohomish County Parks, if any action or proceeding for damages is brought against me while performing activities within my assigned/approved official duties, that I may request defense of said action as provided for in RCW 4.92.060 (for defense Information and Instructions, contact Snohomish County Risk Management Division in the County Finance Department (425) 388-3726).

I understand that if I use private motor vehicle in the course of these volunteer duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment, vessels, horses, etc, I use while performing assigned volunteer work.

I further agree that should I be involved in an accident while performing assigned duties as a volunteer, I will report such accident immediately to the Snohomish County Parks program manager/supervisor of the volunteer activity.

NONDISCRIMINATION
I understand that during my performance as a volunteer for Snohomish County, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

Signature: _______________________________ Date: ____________________

S: VOLUNTEER/FORMS/Group Volunteer Agreement 4-27-17
BACKGROUND INVESTIGATION

I understand that the agency may conduct a background investigation as part of this application process. I authorize the background investigation by my signature.

TRAINING

Training is required for all volunteers registered with Snohomish County. Applicable training will be provided by my volunteer project supervisor or Parks Department staff.

TIMESHEETS

I understand that I must submit my hours worked by all volunteers in my group. Submitting hours worked to is a requirement for medical aid coverage through the workers’ compensation. Failure to document my time may make me ineligible to receive such medical aid coverage.

Signature: ___________________________ Date: _______________

Further, I understand that I must collect completed Parent/Guardian Informed Consent Forms prior to having anyone under the age of eighteen (18) participate.

Signature: ___________________________ Date: _______________

For More Information - Please contact

Tony Trofimczuk – Recreation Supervisor
Snohomish County Parks, Recreation and Tourism
6705 Puget Park Dr.
Snohomish, WA 98296
Phone: (425) 388-6604 Fax: (425)388-6645 Email: tony.t@snooco.org
Cell Phone: (425) 508-1938
# Group Volunteer Sign-In & Liability Release

**Event Date:**

**Group Name:**

---

**Lead**

---

**Staff Person:**

---

**Description of Event:**

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- [ ] Work Party
- [ ] Park Board
- [ ] Work Release
- [ ] Other

---

I have read and agree to abide by the Snohomish County Parks and Recreation Liability Release stated at the bottom of this form. Parents or guardians must sign for participants under age 18.

<table>
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<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>CITY</th>
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**TOTAL PEOPLE:**

**TOTAL HOURS:**

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**SIGN-IN AND LIABILITY RELEASE FOR VOLUNTEER EVENTS WITH SNOHOMISH COUNTY PARKS AND RECREATION. IT SHALL REMAIN IN EFFECT FOR ALL PROJECTS SPONSORED BY SNOHOMISH COUNTY.**

**BY SIGNING THE FORM, YOU ARE ACKNOWLEDGING AND RELEASING SNOHOMISH COUNTY FOR ANY AND ALL LIABILITY IN THE EVENT YOU HAVE AN ACCIDENT OR SUSTAIN AN INJURY WHILE PARTICIPATING IN THE VOLUNTEER PROJECTS SPONSORED BY SNOHOMISH COUNTY.**

As a volunteer for Snohomish County Parks and Recreation, I am aware that some projects involve the construction and maintenance of trails and recreation facilities, and that participation in those projects poses certain dangers, including but not limited to the natural or unnatural hazards within the parks, using hand and motorized construction tools (and working in the proximity of such tools when used by others), injury or illness in remote places without medical facilities, and the forces of nature.

In consideration for permitting me to participate in projects sponsored by Snohomish County, I shall hereby hold harmless, indemnify and defend the County, its officers, officials, employees and agents, from and against any and all claims, actions, suits, liability, loss, expenses, damages and judgments, except for the County’s sole negligence, including costs and attorneys' fees in defense thereof.
<table>
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<tr>
<th>Date</th>
<th>Time-In</th>
<th>Time-Out</th>
<th>Volunteer Name</th>
<th>Project Description / Location of Work (Use as many lines as necessary)</th>
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**Volunteer Sign in Sheet**

Signature: ________________
Date: ________________

*Please complete and submit timesheet to the county staff lead or*
Tony Trofimczuk Volunteer Community Outreach Coordinator
**Phone: (425) 388-6604 Fax: (425) 388-6645 Email: tony.trofimczuk@snooco.org, Snohomish County Parks and Recreation, 6705 Puget Park Drive, Snohomish, WA 98296*