INVOICE

Invoice Number:	Invoice Date:	Page:
R27-653-1	7/21/2026	1

1610 S. Technology Blvd, Ste 100
Spokane, WA 99224
(509) 838-0910 or (800) 462-8418

Member ID: 653
Renewal Policy: 2027-653-P-001
Member: Orcas Island Health Care District
PO Box 226
Eastsound, WA 98245-0226

Due Date
9/1/2026

Description	Amount
Effective September 1, 2026 through August 31, 2027	
General Liability	3,500

Please see the Binder for specific coverage details. **TOTAL $3,500**

Terms and Conditions:
Late fees of 6.5% will be levied on overdue accounts.

Payment should be made by check or money transfer:
Make checks payable to: Enduris Washington.

The District's PY 2027 exposure by coverage used to calculate your contribution is summarized below. Where applicable, the detailed schedule is an attachment to the email with your invoice:

General Liability - L&I hours of 3,502

Our mission remains **"*to provide financial protection, broad coverage, and risk management services responsive to our members' needs.*"** We strive to bring exceptional coverage for a competitive price while adding value to your organization.

If you have questions or need assistance, please email MemberRelations@enduris.us or call (800) 462-8418.