

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Joe Insurance Agent FAX (A/C, No): (909) 765-4321 **ABC Insurance Company** PHONE (A/C, No, Ext): (909) 123-4567 12345 Main Street ADDRESS; joe.agent@jia.com Pleasantville, CA 95555 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Insurance Carrier INSURED INSURER B Contractor INSURER C INSURER D : INSURER E INSURER F CERTIFICATE NUMBER: 1222830847 REVISION NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WYD COMMERCIAL GENERAL LIABILITY TBD 001234567 12/6/2014 12/6/2015 \$\$1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$\$100,000 MED EXP (Any one person) \$\$5,000 PERSONAL & ADV INJURY \$\$1,000,000 GENERAL AGGREGATE \$\$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRODUCTS - COMP/OP AGG \$\$1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) TBD 001234567 12/6/2014 12/6/2015 **AUTOMOBILE LIABILITY** \$\$1,000,000 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT TBD 001234567 12/6/2014 12/6/2015 Comprehensive Collision \$1,000 Deductible \$1,000 Deductible Physical Damage DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CITY OF SAN BERNARDINO AND THEIR OFFICERS, EMPLOYEES, AND AGENTS ARE ADDITIONAL INSUREDS THEREUNDER WITH RESPECT TO OPERATIONS FOR WHICH THE CITY HAS ISSUED A PERMIT OF AUTHORIZATION PER CG 20 12 05 09 FORM Additional Insured endorsement has been requested from the company CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of San Bernardino 300 N. D Street San Bernardino CA 92418 AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

The City of San Bernardino and their officers, employees and agents are additionally insureds thereunder with respect to operations for which City has issued a permit or authorization.

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

Section II – Who is An insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

- This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
- 2. This insurance does not apply to:
 - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - "Bodily injury" or "property damage" included within the "products-completed operations hazard".