

Reproduction of Insurance Services Office, Inc. Form

CERTIFICATE OF INSURANCE
CITY OF UKIAH

ISSUE DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW.												
INSURED	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">COMPANIES</th> <th style="text-align: center; border-bottom: 1px solid black;">BEST'S RATING</th> </tr> </thead> <tbody> <tr> <td>COMPANY LETTER A _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER B _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER C _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER D _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER E _____</td> <td>_____</td> </tr> </tbody> </table>	COMPANIES	BEST'S RATING	COMPANY LETTER A _____	_____	COMPANY LETTER B _____	_____	COMPANY LETTER C _____	_____	COMPANY LETTER D _____	_____	COMPANY LETTER E _____	_____
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COMPANY LETTER D _____	_____												
COMPANY LETTER E _____	_____												

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER				GENERAL AGGREGATE	\$
		PRODUCTS COMP/OPS AGGREGATE	\$			
		PERSONAL & ADVERTISING INJURY	\$			
		EACH OCCURANCE	\$			
		FIRE DAMAGE (any one fire)	\$			
		MEDICAL EXPENSES (any one person)	\$			
	AUTOMOTIVE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
		BODILY INJURY (per person)	\$			
		BODILY INJURY (per accident)	\$			
		PROPERTY DAMAGE	\$			
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
		AGGREGATE	\$			
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	
		EACH ACCIDENT	\$			
		DISEASE - POLICY LIMIT	\$			
		DISEASE - EACH EMPLOYEE	\$			
	PROPERTY DAMAGE <input type="checkbox"/> COURSE OF CONSTRUCTION				AMOUNT OF INSURANCE	\$

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

THE FOLLOWING PROVISIONS APPLY:

1. None of the above-described policies will be canceled until after 30 day's written notice has been given to the City at the address indicated below.
2. The City, its officials, officers, employees, and volunteers are added as insureds on all Liability Insurance Policies listed above.
3. It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
4. The City is named a loss payee on The Property Insurance Policies described above, if any.
5. All rights of subrogation under the Property Insurance Policy listed above have been waived against the City.
6. The Worker's Compensation Insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivision:

City of Ukiah, its officials, employees, and volunteers as additionally insured
300 Seminary Avenue
Ukiah, CA 95482

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

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

1. This insurance applies only with respect to operations performed by you on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to:
- a. "Bodily injury," property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".