

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2018

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

		rms and conditions of the policy cate holder in lieu of such endors		-		ndorser	ment. A statei	ment on th	is certificate do	es not c	onfer r	ights to the	
PRODUCER							CONTACT NAME:						
Vendor's Insurance Company							PHONE FAX						
							(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
							ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
						INSURER A: Vendor's Insurance Company					NAIC#		
INSURED							INSURER B:						
Ve	ndor'	's Name				INSURER C:							
						INSURER D:							
						INSURER E:							
						INSURER F:							
CO	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUI	MBER:			
II C	NDICA ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT C	R OTHER I	DOCUMENT WITH D HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY) (N			LIMIT	·s		
LTR	Y	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(IMM/DD/YYYY) (N	MINI/UU/YYYY)	EACH OCCURREN		\$	2,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$	2,000,000	
									MED EXP (Any one		\$		
Α			X	X					PERSONAL & ADV	INJURY	\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	'						GENERAL AGGREG	GATE	\$	4,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
		OTHER:									\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$	1,000,000	
	X	ANY AUTO					_		BODILY INJURY (P		\$		
Α		ALL OWNED SCHEDULED AUTOS NON-OWNED	X						PROPERTY DAMAG		\$		
	X	HIRED AUTOS AUTOS							(Per accident)	JE	\$		
		UMBRELLA LIAB OCCUP									\$		
		EXOCOLUAN							EACH OCCURREN	CE	\$		
		CLAIWS-WADE							AGGREGATE		\$		
		DED RETENTION \$ RKERS COMPENSATION							PER STATUTE	OTH- ER	φ		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	*	\$	1,000,000	
Α	OFFICER/MEMBER EXCLUDED?			4					E.L. DISEASE - EA			,,	
	If ves	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POI				
	1000	5. II. 116.11 6. 6. 2. 2. 1. 116.11 6 5 6 6 11									7		
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if more	space is requir	red)				
The	The County of Yolo, its officers, agents, employees and volunteers are included as Additional Insured.												
<u> </u>													
		FICATE HOLDER	CANCELLATION										
County of Yolo 120 W Main St., Ste G Woodland, CA 95695							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHORIZED REPRESENTATIVE						

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
The County of Yolo, its officers, agents, employees and volunteers are included as Additional Insured.	
Information required to complete this Schedule of not sh	own above, will be shown in the Declarations

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by
 - 1. Your acts or omissions or
 - 2. The acts or omissions of those acting on your behalf.

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B: With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed, or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

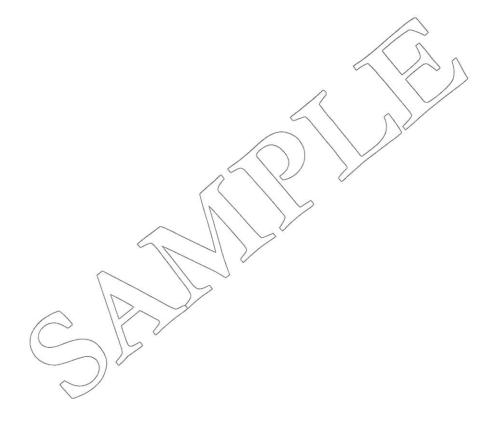
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



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COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

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PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

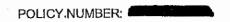
The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



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ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE FORM
COMMERCIAL AUTOMOBILE - GARAGE COVERAGE FORM

SCHEDULE

Name of Person or Organization:

County of Yolo, its officers, agents, employees and volunteers.

A. Coverage

The person or organization shown in the Schedule is included as an insured but only if liable for the conduct of an "Insured" and only to the extent of that liability.

B. Cancellation

- 1. If we cancel the policy we will mail or deliver notice to such person or organization in accordance with the Common Policy Conditions.
- 2. If you cancel the policy, we will mail or deliver notice to such person or organization.
- 3. Cancellation ends this agreement.