

CERTIFICATE OF INSURANCE
For CITY OF SEBASTOPOL (the "City")

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 POLICIES BELOW

TELEPHONE #:

NAMED INSURED:

		COMPANIES	BEST'S RATINGS
Company	A	_____	_____
Letter		_____	_____
Company	B	_____	_____
Letter		_____	_____
Company	C	_____	_____
Letter		_____	_____
Company	D	_____	_____
Letter		_____	_____
Company	E	_____	_____
Letter		_____	_____

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 of 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.

CO LTR	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Expiration (mm/dd/yy)	All limits in Thousands
	General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> Owner's and Contractor's Prot. Other _____				General Aggregate \$ _____ Products-Comp/Ops Aggregate \$ _____ Personal and Advertising Injury \$ _____ Each Occurrence \$ _____ Fire Damage (anyone fire) \$ _____ Medical Expense (any one person) \$ _____
	Automobile 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 Liability				Statutory \$ _____ Each Accident \$ _____ Disease-Policy Limit \$ _____ Disease-Each Employee \$ _____
	Property Insurance <input type="checkbox"/> Course of Construction				Amount of Insurance \$ _____

Description of Operations/Locations/Vehicles/Restrictions/Special Items

THE FOLLOWING PROVISIONS APPLY:

- None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below.
- The City, its officials, officers, employees and volunteers are added as insureds on all liability insurance policies listed above.
- It is agreed that any insurance or self-insurance maintained by the City will apply in excess and not contribute with, the insurance described above.
- The City is named a loss payee on the property insurance policies described above, if any.
- All rights of subrogation under the property insurance policy listed above have been waived against the City.
- The workers' 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.

CERTIFICATE HOLDER/ADDITIONAL INSURED

(City)
 City of Sebastopol
 Office of the City Manager/City Clerk
 7120 Bodega Avenue
 Sebastopol, CA 95472
 -823-1153 (Phone); 707-823-1135 (Fax)
 Email: mgourley@sonic.net

AUTHORIZED REPRESENTATIVE

SIGNATURE _____
 TITLE _____
 PHONE NO: _____

INSURER _____
POLICY NO: _____
COMMERCIAL GENERAL LIABILITY
ENDORSEMENT NO: _____

ISO FORM CG 20 10 11 85 (MODIFIED)
EXPIRATION DATE _____

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS COMMERCIAL GENERAL LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

CITY OF SEBASTOPOL

Name of Organization:

City of Sebastopol
Office of the City Manager/City Clerk
7120 Bodega Avenue
Sebastopol, CA 95472
-823-1153 (Phone); 707-823-1135 (Fax)
Email: mgourley@sonic.net

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

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of "your work" performed for that insured.

1. The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.
4. Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.

Signature-Authorized Representative

Address

AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT
For CITY OF SEBASTOPOL (the "City")

Submit in Duplicate

Endorsement # _____	Issue Date: (mm/dd/yy) _____
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PRODUCER:

TELEPHONE:

NAMED INSURED:

POLICY INFORMATION:

Insurance Company:
 Policy Number:
 Policy Period: (from) _____ (to) _____

LOSS ADJUSTMENT EXPENSE:

- Included in Limits
- In Addition to Limits

- Deductible
- Self-Insured Retention (check which) of \$ _____

APPLICABILITY: This insurance pertains to the operation and/or tenancy of the named insured under all written agreements and permits in force with the City unless checked here in which case only the following specific agreements and permits with the City are covered:
CITY AGREEMENTS/PERMITS

TYPE OF INSURANCE

- COMMERCIAL AUTO POLICY
- BUSINESS AUTO POLICY
- OTHER _____

OTHER PROVISIONS

LIMIT OF LIABILITY

\$ _____ per accident, for bodily and property damage.

CLAIMS: Underwriter's representative for claims Pursuant to this insurance.

Name: _____
 Address: _____
 Telephone: (____) _____

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:

1. **INSURED:** The City, its officers, officials, employees and volunteers are included as insureds with regard to damages and defense of claims arising from: the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by the Named Insured or for which the Named Insured is responsible.
2. **CONTRIBUTION OT REQUIRED:** As respects to work performed by the Named Insured for or on behalf of the City, the insurance afforded by this policy shall: (a) be primary insurance as respects to the City, its officers, officials, employees and volunteers; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. Any insurance or self-insurance maintained by the City, its officers, officials, employees and volunteers shall be excess of the Named Insured's insurance and not contribute with it.
3. **CANCELLATION NOTICE:** With respect to the interests of the City, this insurance shall not be cancelled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.
4. **SCOPE OF COVERAGE:** This policy affords coverages at least as broad as:
 - (1) If primary, Insurance Services Office form number CA0001 (Ed. 1/87), Code 1 ("any auto"); or
 - (2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).

Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits conditions, agreements, or exclusions of the policy to which this endorsement is attached.

ENDORSEMENT HOLDER

City of Sebastopol
 Office of the City Manager/City Clerk
 7120 Bodega Avenue
 Sebastopol, CA 95472
 -823-1153 (Phone); 707-823-1135 (Fax)
 Email: mgourley@sonic.net

AUTHORIZED REPRESENTATIVE

- Broker/Agent
- Underwriter
- _____

I _____ (Print/Type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature herein do so bind this company to this endorsement.

SIGNATURE: _____
 (Original Signature Required)

Telephone: (____) _____ Date Signed _____

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT
For CITY OF SEBASTOPOL (the "City")

Submit in Duplicate

Endorsement #	Issue Date: (mm/dd/yy)
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PRODUCER:

TELEPHONE #: ()

NAMED INSURED:

POLICY INFORMATION:

Insurance Company:
 Policy Number:
 Policy Period: (from) _____ (to) _____

OTHER PROVISIONS:

CLAIMS: Underwriter's representative for claims
 Pursuant to this insurance.

Name: _____
 Address: _____
 Telephone: () _____

EMPLOYER'S LIABILITY LIMITS

\$ _____ (Each Accident)
 \$ _____ (Disease-Policy Limit)
 \$ _____ (Disease-Each Employee)

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:

- CANCELLATION NOTICE:** This insurance shall not be cancelled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.
- WAIVER OF SUBROGATION:** This Insurance Company agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers for losses paid under the terms of this policy which arise from the work performed by the Named Insured for the City.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits conditions, agreements or exclusions of the policy to which this endorsement is attached.

ENDORSEMENT HOLDER:

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 Office of the City Manager/City Clerk
 7120 Bodega Avenue
 Sebastopol, CA 95472
 707-823-1153 (Phone); 707-823-1135 (Fax)
 Email: mgourley@sonic.net

AUTHORIZED REPRESENTATIVE

- Broker/Agent
- Underwriter

○ _____

I _____ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature herein do so bind this company to this endorsement.

SIGNATURE: _____
 (original signature required)