		_	· · · · · · · · · · · · · · · · · · ·	#: 292195		***************************************	DGRO		
	~~~~		<u>RD</u> CERTIFI	CATE OF LIA			·	DATE (MM/DD/YYYY) 07/18/2008	
	UCE	•					D AS A MATTER OF INF		
			nsurance Services			ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR			
			venue		ALTER THE	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			NY4016						
		rk, I	NY 10017		INSURERS A	INSURERS AFFORDING COVERAGE			
INSURED						INSURER A: Federal Insurance Company			
			The Gordian Group, Inc.	_	INSURER B: Na	INSURER B: National Union Fire Ins Co of Pitts,		19445	
140 Bridges Road, Suite E						INSURER C: Great Northern Insurance Company		20303	
Mauldin, SC 29662									
						INSURER E:			
COVERAGES									
A! M.	IY RE Vy pe	QUIF ERTA	REMENT, TERM OR CONDITION ( IN, THE INSURANCE AFFORDED	W HAVE BEEN ISSUED TO THE IP OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H I HAVE BEEN REDUCED BY PAID	OCUMENT WITH RESP EREIN IS SUBJECT TO	PECT TO WHICH THE	S CERTIFICATE MAY BE ISS	SUED OR	
INSR LTR	ADD'L INSRE		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	3	
A		l	IERAL LIABILITY	35890276	12/11/07	12/11/08	EACH OCCURRENCE	\$1,000,000	
		x	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$10,000	
			00 and made 70 000011				PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
		J	I'L AGGREGATE LIMIT APPLIES PER:				***************************************		
		GEN	POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$2,000,000	
С		AUT X	OMOBILE LIABILITY  ANY AUTO	73550270	12/11/07	12/11/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		X	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
		GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
			ANY AUTO				OTHER THAN EA ACC	\$	
		لـــــا	:		······		AUTO ONLY: AGG	\$	
		EXC	ESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		لــــا	OCCUR CLAIMS MADE				AGGREGATE	\$	
		<u> </u>						\$	
			DEDUCTIBLE		-			\$	
			RETENTION \$					\$	
Α			COMPENSATION AND	71736473	12/11/07	12/11/08	X WC STATU- OTH- TORY LIMITS ER		
			RS' LIABILITY PRIETOR/PARTNER/EXECUTIVE			-	E.L. EACH ACCIDENT	\$1,000,000	
	OFFI	CER/	MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	If yes	s, desc CIAL F	ribe under PROVISIONS below				E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>	
В			rrors &	2892145	12/11/07	12/11/08	Limit: \$3,000,000		
	Om	issi	ons						
	·····					<u> </u>			
				LES / EXCLUSIONS ADDED BY ENDOI					
				ts, employees and servan					
				Liability policy as require	-	I act.			
r Fil	nary	an	и поп-соптивитогу із атто	rded under the General Li	ability policy.				
CEI	TIFI	CAT	E HOLDER		CANCELLAT	CANCELLATION			
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
			San Mateo County			DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
			Attn: Doug Koenig			NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
			Department of Public Wo	nrks		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
						REPRESENTATIVES.			
Redwood City, CA 94063						AUTHORIZED REPRESENTATIVE			
Reuwood City, CA 34003					<i>- - -</i>	Goan Duner			
					1 rouse to	MANA.			

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## Liability Insurance

Endorsement

Policy Period 12/11/2007 - 12/11/2008

Effective Date 07/18/2008

Policy Number 3589-02-76

Insured The Gordian Group

Name of Company Federal Insurance Company

Date Issued 07/18/2008

This Endorsement applies to the following forms:

Under Who Is An Insured, the following provision is added.

## Who Is An Insured

Scheduled Person Or Organization Subject to all of the terms and conditions of this insurance, any person or organization shown in the schedule, acting pursuant to a written contact or agreement between you and such person or organization, is an **insured**; but they are **insureds** only with respect to liability arising out of your operations, or your premises, if you are obligated, pursuant to such contact or agreement, to provide them with such insurance as is afforded by this policy.

However, no such person or organization is an insured with respect to any:

- Assumption of liability by tern in a contract or agreement. This limitation does not apply
  to the liability for damages for injury or damage, to which this insurance applies, that the
  person or organization would have in the absence of such contact or agreement.
- Damages arising out of their sole negligence.

Additional Insured - Scheduled Person Or Organization continued

	Schedule
	San Mateo County, its officers, agents, employees and servants are listed as Additional Insureds with respect to the General Liability policy as required by written contract.
any Carle	All other terms and conditions remain unchanged.
	Authorized Representative

Liability Insurance Additional Insured - Scheduled Person Or Organization

last page