CERTIFICATE OF LIABILITY INSURANCE ACORD...

OPID DV LOCAL-1

DATE (MM/DD/YYYY) 02/04/09

PRODUCER Wasserman & Associates Insurance Brokers, Inc.

PO Box 19970 Sacramento CA 95819-3915

Phone: 916-739-0254 Fax: 916-733-0622

INSURED

Local Government Commission 1303 J Street Suite 250 Sacramento CA 95814

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS	NAIC #	
INSURER A:	Maryland Casualty Company	
INSURER B:	Oak River Insurance Co	
INSURER C:	Axis Surplus Insurance Company	
INSURER D:		
INSURER E		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	3
A	х	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	PAS37810836	04/01/08	04/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$1,000,000 \$1,000,000
		CLAIMS MADE X OCCUR		, ,		MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY PRO- JECT LOC					
A		ANY AUTO	PAS37810836	04/01/08	04/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE					AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$,, WC STATU- OTH-	\$
В	EMPI ANY	RKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE	2200052505-091	01/01/09	01/01/10	X WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT	\$1,000,000
		ICER/MEMBER EXCLUDED? s, describe under				E.L. DISEASE - EA EMPLOYEE	, ,
	SPECIAL PROVISIONS below OTHER					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С			ECN000013200801	12/31/08	12/31/09	Aggregate Ea Claim	\$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*30 Days Notice to Certificate Holder applies except for Non-Payment of Premium, which is 10 days. San Mateo County is included as an Additional Insured per GL form CG 2010 0704 attached.

CERTIFICATE HOLDER

CANCELLATION SANM-17

San Mateo County Department of Parks 455 County Center, 4th flr. Redwood City CA 94063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 * DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED	REPRÉ!	ENTATIVE

127Wa

POLICY NUMBER: PAS37810836

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		
San Mateo County			
Information required to complete this Schedule, if not shown 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 organizations(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
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

above.

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

- 1. 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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