

INSURANCE AGENT'S
NAME AND / OR COMPANY

**ALL TYPES OF INSURANCE BELOW
MARKED WITH AN "X" ARE MANDATORY
FOR PARTICIPATION.**

CONTRACTOR NAME
AND ADDRESS

**THIS SAMPLE IS PREPARED AS A GUIDE ONLY.
PLEASE CONTACT THE NEIGHBORHOOD
PRESERVATION PROGRAM OFFICE WITH
ADDITIONAL QUESTIONS AT (925) 674-7886.**

**PLEASE CONTACT:
DANIEL DAVIS
FOR MORE INFORMATION**

COVERAGES

THIS IS TO CERTIFY THAT 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 CONTRACTOR 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMITS IN THOUSANDS		
				EACH ACCIDENT	EACH OCCURRENCE	AGGREGATE
GENERAL LIABILITY	REQUIRED					
<input checked="" type="checkbox"/> COMPREHENSIVE FORM						
PREMISES / OPERATION UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS / COMPLETED OPERATIONS				BODILY INJURY	\$	\$
CONTRACTUAL				PROPERTY DAMAGE	\$	\$
INDEPENDENT CONTRACTORS				BI & PD COMBINED	\$1,000,000	
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY	\$	
AUTOMOBILE LIABILITY	REQUIRED					
<input type="checkbox"/> ANY AUTO				BODILY INJURY PER PERSON	\$	
<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.) ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BODILY INJURY PER ACCIDENT	\$	
<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$	
<input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY				BI & PD COMBINED	\$300,000	
<input checked="" type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	REQUIRED					
OTHER						

DESCRIPTION OF OPERATIONS /LOCATIONS/VEHICLES/SPECIAL ITEMS

**COUNTY OF CONTRA COSTA, ITS OFFICERS, AGENTS, EMPLOYEES AND OWNERS ARE NAMED AS ADDITIONAL INSURED.
PLEASE NOTE: THIS STATEMENT IS REQUIRED ON THE GENERAL LIABILITY CERTIFICATE.**

CERTIFICATE HOLDER

CONTRA COSTA COUNTY
NEIGHBORHOOD PRESERVATION PROGRAM
651 PINE STREET, 4TH FLOOR
MARTINEZ, CA 94553

CANCELLATION

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

AUTHORIZED REPRESENTATIVE