ACORD

ATTACHMENT 1A
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

PRODUCER

Please include the name and phone number for a contact person for the producer.

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Please include the name and phone number for a contact person for the insured.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROECT LOC			**Please see comment numbers 3 and 5.**			EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			**Please see comment numbers 3 and 5.**			COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident) $	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		**Please see comment number 3.**			WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE $	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Please include the Encroachment Permit number in this section. See comment number 5 for the additional insured requirements.

CERTIFICATE HOLDER

Please see comment number 4 for the names of the certificate holders.

CANCELLATION

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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For Encroachment Permit Applicants:

The County is trying to minimize the time it spends processing the insurance documents submitted for encroachment permit applications. Please assist us in our efforts by requiring your insurance company to identify or include the information below on the insurance documents. Please note that we will not issue the permit until an acceptable insurance document is provided to us.

1. The encroachment permit number must be identified in the section labeled "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions".

2. The name and telephone number of a contact person for both the insured entity and the insurance company must be included in the appropriate sections.

3. Below are the types of insurance required and the minimum limits
   a. Comprehensive or Commercial General Liability Insurance, including coverage for blanket contractual, owners' and contractors' protective and broad form property damage liability, with a minimum combined single limit coverage of one million dollars for all damages because of bodily injury, sickness, disease, or death to any person and damages to property including the loss thereof arising out of each accident or occurrence.
   b. Comprehensive Automobile Liability including coverage for automobiles, owned, non-owned, leased or hired by or on behalf of the contractor with a minimum combined single limit of one million dollars for all damage because of bodily injury or death to any person and damages to property including the loss of use thereof arising out of each accident or occurrence.
   c. Worker's Compensation Insurance pursuant to State Law, including Employer's Liability.

4. The name for the certificate holder is "Contra Costa County". Address is 255 Glacier Drive, Martinez, CA 94553

5. Contra Costa County, its employees, officials and agents should be named as additional insureds in the Commercial General and Automobile Liability insurance policies for the purpose and duration of the permit.

6. Please delete the clause "But failure to mail such notice shall impose no obligation or liability of any kind upon the insurance company, its agents or representatives" from the recital in the Cancellation Section.

Please advise your insurance company that the yearly renewal of the certificate should also include the above information.

The certificate of insurance should be submitted to Robert Hendry, Contra Costa County Application and Permit Center located at 30 Muir Road, Martinez, CA 94553-4601. Please contact Robert Hendry at (925) 674-7744 for questions related to the insurance requirements.

Attachment 1A

For Right of Entry Permit Applicants:

The County is trying to minimize the time it spends processing the insurance documents submitted for right of entry permit applications. Please assist us in our efforts by requiring your insurance company to identify or include the information below on the insurance documents. Please note that we will not issue the permit until an acceptable insurance document is provided to us.

1. The right of entry permit number must be identified in the section labeled "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions".

2. The name and telephone number of a contact person for both the insured entity and the insurance company must be included in the appropriate sections.

3. Below are the types of insurance required and the minimum limits
   a. Comprehensive or Commercial General Liability Insurance, including coverage for blanket contractual, owners' and contractors' protective and broad form property damage liability, with a minimum combined single limit coverage of one million dollars for all damages because of bodily injury, sickness, disease, or death to any person and damages to property including the loss thereof arising out of each accident or occurrence.
   b. Comprehensive Automobile Liability including coverage for automobiles, owned, non-owned, leased or hired by or on behalf of the contractor with a minimum combined single limit of one million dollars for all damage because of bodily injury or death to any person and damages to property including the loss of use thereof arising out of each accident or occurrence.
   c. Worker's Compensation Insurance pursuant to State Law, including Employer's Liability.

4. The name for the certificate holder is "Contra Costa County". Address is 255 Glacier Drive, Martinez, CA 94553

5. Contra Costa County, its employees, officials and agents should be named as additional insureds in the Commercial General and Automobile Liability insurance policies for the purpose and duration of the permit.

6. Please delete the clause "But failure to mail such notice shall impose no obligation or liability of any kind upon the insurance company, its agents or representatives" from the recital in the Cancellation Section.

Please advise your insurance company that the yearly renewal of the certificate should also include the above information.

The certificate of insurance should be submitted to Robert Hendry, Contra Costa County Application and Permit Center located at 30 Muir Road, Martinez, CA 94553-4601. Please contact Robert Hendry at (925) 674-7744 for questions related to the insurance requirements.

Attachment 1A

For Flood Control and Drainage 1010 Permit Applicants:

The County is trying to minimize the time it spends processing the insurance documents submitted for flood control and/or drainage permit applications. Please assist us in our efforts by requiring your insurance company to identify or include the information below on the insurance documents. Please note that we will not issue the permit until an acceptable insurance document is provided to us.

1. The flood control or drainage 1010 permit number must be identified in the section labeled "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions".

2. The name and telephone number of a contact person for both the insured entity and the insurance company must be included in the appropriate sections.

3. Below are the types of insurance required and the minimum limits
   a. Comprehensive or Commercial General Liability Insurance, including coverage for blanket contractual, owners' and contractors' protective and broad form property damage liability, with a minimum combined single limit coverage of one million dollars for all damages because of bodily injury, sickness, disease, or death to any person and damages to property including the loss thereof arising out of each accident or occurrence.
   b. Comprehensive Automobile Liability including coverage for automobiles, owned, non-owned, leased or hired by or on behalf of the contractor with a minimum combined single limit of one million dollars for all damage because of bodily injury or death to any person and damages to property including the loss of use thereof arising out of each accident or occurrence.
   c. Worker's Compensation Insurance pursuant to State Law, including Employer's Liability.

4. The names for the certificate holders are "Contra Costa County" and "Contra Costa County Flood Control and Water Conservation District". Address is 255 Glacier Drive, Martinez, CA 94553

5. Contra Costa County, the Contra Costa County Flood Control and Water Conservation District, their employees, officials and agents should be named as additional insureds in the Commercial General and Automobile Liability insurance policies for the purpose and duration of the permit.

6. Please delete the clause "But failure to mail such notice shall impose no obligation or liability of any kind upon the insurance company, its agents or representatives" from the recital in the Cancellation Section.

Please advise your insurance company that the yearly renewal of the certificate should also include the above information.

The certificate of insurance should be submitted to Robert Hendry, Contra Costa County Application and Permit Center located at 30 Muir Road, Martinez, CA 94553-4601. Please contact Robert Hendry at (925) 674-7744 for questions related to the insurance requirements.