DATE MUST BE WITHIN 30 DAYS OF WORK START

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 3/17/11

PRODUCER
[illegible]
714 427-6810 INCLUDE PHONE / EMAIL

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.

INSURED
[illegible]

INSURERS AFFORDING COVERAGE

INSURER A:	Travelers Property Casualty Co of Am
INSURER B:	American Automobile Ins. Co.
INSURER C:	Hudson Insurance Company
INSURER D:	
INSURER E:	

INSURANCE PROOF SAMPLE

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X CONTRACTUAL X BFPD, XCU	6805990L41A INDP. CONTRACTORS INCLUDED REQUIRED	11/01/10	11/01/11	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS REQUIRED	BA5992L672	11/01/10	11/01/11	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A	EXCESS LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $	CUP7605Y89A Professional Liab is Excluded	11/01/10	11/01/11	EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000 $ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY REQUIRED	WZP80987243	11/01/10	11/01/11	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	OTHER Professional Liability	AEE7223602	01/01/11	01/01/12	$1,000,000 per claim $2,000,000 annl aggr.	

Homeowners Call City for Limits Required

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

General Liability policy excludes claims arising out of the performance of professional services

Re: All Operations as performed by the named Insured

City of Dana Point, its officials, agents and employees are

(See Attached Descriptions)

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

City of Dana Point, its officials, agents & employees
John Aguilar
33282 Golden Lantern
Dana Point, CA 92629

PROVIDE ENDORSEMENT PAGE on 1991 form or older SEE PAGE 2

CANCELLATION Ten Day Notice for Non-Payment of Premium

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 REPRESENTATIVE
Rosanne Bonvel

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Insurance Sample revised by Public Works 02/27/13

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policy number required

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of Dana Point, its officials, employees and agents

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

WHO IS AN 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" for that insured by or for you.

SAMPLE

Form number must be 1991 or Older

CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1984

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Statement of Exemption From Workers' Compensation Insurance

I am the sole proprietor, owner, or partner of _____,
Name of Business

a business that is not required to purchase workers' compensation insurance because the entity does not have any employees. Should the above named business hire employees in the future, I will notify the City of Dana Point Risk Management Office in writing at 33282 Golden Lantern, Suite 203, Dana Point, CA, 92629, and understand that I may also be required to provide the City with a current copy of the business' certificate of workers' compensation insurance.

_____ _____
Signature Date

_____
Print Name