

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/10

PRODUCER Insurance Broker 1234 Main St Any Town, CA 91234	THIS CERTIFICATION 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 POLICES BELOW.												
INSURED City Contractor 4321 State St. Our Town, CA 94321	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Insurance Carrier</td> <td>12345</td> </tr> <tr> <td>INSURER B : Insurance Carrier</td> <td>54321</td> </tr> <tr> <td>INSURER C : Insurance Carrier</td> <td>67890</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A : Insurance Carrier	12345	INSURER B : Insurance Carrier	54321	INSURER C : Insurance Carrier	67890	INSURER D:		INSURER E:	
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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 INSURD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS																
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	123456789	07/01/10	06/30/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MED EXP (ANY ONE PERSON)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$	MED EXP (ANY ONE PERSON)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$				
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B	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	987654321	07/01/10	06/30/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (EA ACCIDENT)</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (PER PERSON)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (PER ACCIDENT)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (PER ACCIDENT)</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (EA ACCIDENT)	\$1,000,000	BODILY INJURY (PER PERSON)	\$	BODILY INJURY (PER ACCIDENT)	\$	PROPERTY DAMAGE (PER ACCIDENT)	\$								
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		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$								
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		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTH ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>		WC STATU-TORY LIMITS	OTH ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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C		OTHER Liquor Liability	543216789	07/01/10	06/30/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Per Claim</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>Aggregate</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	Per Claim	\$1,000,000	Aggregate	\$1,000,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
The City of Temecula, Successor Agency to the Temecula Redevelopment Agency, and Temecula Community Services District, their officers, officials, employees and volunteers are named Additional Insured on General and Auto Policies.

CERTIFICATE HOLDER

City of Temecula, and the Temecula Community Services District
 City of Temecula
 Attn: Finance Department
 PO Box 9033
 Temecula, CA 92589-9033
 ACORD 25 (2001/08)

CANCELLATION

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

Jonathan Doe

Notes:

General/Auto Liability: If contractor owns no automobiles, a non-owned auto endorsement to the General Liability policy is acceptable.
Workers' Compensation: If contractor has no employees, contractor shall execute a declaration that it has no employees.