



Attachment 1A CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Please include the name and phone number for a contact person for the producer	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 Please include the name and phone number for a contact person for the insured	INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Please see comment numbers 3 and 5			EACH OCCURENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Please see comment numbers 3 and 5			COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Please see comment numbers 3 and 5			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/>	OTHER					

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

Please include the Flood Control or Drainage 1010 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, THE INSURER AFFORDING COVERAGE 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. - Please delete this line.

AUTHORIZED REPRESENTATIVE

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.