

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2018

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER						CONTACT NAME: Certs Dept.					
						PHONE FAX (A/C, No.): 3					
						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					
wwwcom License #						INSURER A:					
INSURED						INSURER B:					
Dba:						INSURER C:					
SAMPLE ONLY					INSURE	INSURER D:					
					INSURER E :						
COVE	EDACES CE	- NUMBED: 42021262	INSURE	INSURER F : REVISION NUMBE							
COVERAGES CERTIFICATE NUMBER: 43621352 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 ADDL SUBR					POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
A A				POLICY NUMBER		4/13/2018	4/13/2019	EACH OCCURRENCE	\$ 1,000	000	
	CLAIMS-MADE / OCCUR	•	*					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0		
	OCSINIO-IMADE V COCOIN							MED EXP (Any one person)	\$ EXCL		
		-						PERSONAL & ADV INJURY	\$1,000		
G	 EN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000),000	
	OTHER:								S		
A A	UTOMOBILE LIABILITY	√	/			4/13/2018	4/13/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
	ANY AUTO			PHYSICAL DAMAGE				BODILY INJURY (Per person)	\$		
l ∟	OWNED SCHEDULED AUTOS ONLY			\$125,000 PER AUTO \$1,000,000 AGGREGATE				BODILY INJURY (Per accident)	\$		
✓	HIRED AUTOS ONLY V AUTOS ONLY			DED: 10% OF LOSS SUE				PROPERTY DAMAGE (Per accident)	\$		
		•	1	\$1,000 MIN/\$7,500 MAX					\$		
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
<u> </u>	EXCESS LIAB CLAIMS-MAD	틱						AGGREGATE	\$		
A W	DED RETENTION S ORKERS COMPENSATION		,			4/13/2018	4/13/2019	PER OTH-	S		
1A	ND EMPLOYERS' LIABILITY		✓			471372010	4/10/2010		01.000		
OF	NYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000		
lf v	landatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
	DÉSCRIPTION OF OPERATIONS below A MISC. RENTED EQUIPMENT					4/13/2018	4/13/2019	\$100,000 LIMIT, \$1,500 I		,,000	
					4/13/2018			\$50,000 LIMIT, \$1,500 DED			
A TI	HIRD PARTY PROPERTY DAMAG	-				4/13/2018	4/13/2019	\$1,000,000 LIMIT, \$2,500	DED		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AND LOSS PAYEE BUT											
ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED.											
POLICY IS PRIMARY AND NON-CONTRIBUTORY											
CERT	IFICATE HOLDER			CANCELLATION							
Tulare County Resource Management Agency & Film Commission 5961 S. Mooney Blvd. Visalia CA 93277						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
VISAIIA CA 93211						AUTHORIZED REPRESENTATIVE					

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8/13/2018

POLICY NUMER: INSURED: Dba:



COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Tulare County Resource Management Agency & Film Commission 5961 S. Mooney Blvd. Visalia CA 93277 The County of Tulare, its officers, agents, officials, employees and volunteers are named as additional insureds and the general liability is primary and non-contributory.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.