

ISSUE DATE (MM/DD/YY)

CERTIFICATE OF INSURANCE
CITY OF FORT BRAGG ("the City")

PRODUCER

THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW.

INSURERS AFFORDING COVERAGE: BEST'S RATING

INSURER A _____

INSURED

INSURER B _____

INSURER C _____

INSURER D _____

INSURER E _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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	ADD'L INS	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER						GENERAL AGGREGATE	\$
							PRODUCTS COMP/OPS AGGREGATE	\$
							PERSONAL & ADVERTISING INJURY	\$
							EACH OCCURANCE	\$
							FIRE DAMAGE (any one fire)	\$
							MEDICAL EXPENSES (any one person)	\$
	AUTOMOTIVE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> AUTOS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS HIRED <input type="checkbox"/> AUTOS NON-OWNED <input type="checkbox"/> GARAGE						COMBINED SINGLE LIMIT	\$
							BODILY INJURY (per person)	\$
							BODILY INJURY (per accident)	\$
							PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA						EACH OCCURRENCE	\$
							AGGREGATE	\$
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY						<input type="checkbox"/> STATUTORY	
							EACH ACCIDENT	\$
							DISEASE - POLICY LIMIT	\$
							DISEASE - EACH EMPLOYEE	\$
	PROPERTY DAMAGE <input type="checkbox"/> COURSE OF CONSTRUCTION						AMOUNT OF INSURANCE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

THE FOLLOWING PROVISIONS APPLY:

- None of the above-described policies will be canceled until after 30 day's written notice has been given to the City at the address indicated below.
- The City, its officials, officers, employees, and volunteers are added as insureds on all Liability Insurance Policies listed above.
- It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
- The City is named a loss payee on The Property Insurance Policies described above, if any.
- All rights of subrogation under the Property Insurance Policy listed above have been waived against the City.
- The Worker's Compensation Insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

CERTIFICATE HOLDER/ADDITIONAL INSURED
(CITY)

City of Fort Bragg
 416 N. Franklin Street
 Fort Bragg, CA 95437

AUTHORIZED REPRESENTATIVE

SIGNATURE: _____

TITLE: _____

PHONE NO.: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You):

Town Hall, 363 N. Main Street, Fort Bragg, CA 95437

2. Name of Person or Organization (Additional Insured):

THE CITY OF FORT BRAGG, INCLUDING ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE INSURDES

City of Fort Bragg
416 N. Franklin Street
Fort Bragg, CA 95437

3. Additional Premium:

(If no entry appears above, the 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 the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Modifications to ISO for CG 20 11 01 96

1. The insured scheduled above includes the insured's elected or appointed officers, officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.

Signature-Authorized Representative

Address