



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 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).

PRODUCER		CONTACT NAME	Letty Torres
LBW Insurance & Financial Services, Inc.		PHONE (A/C, No. Ext)	(661)702-6000
28055 Smyth Drive		FAX (A/C, No)	(661)702-6060
		E-MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	
Valencia	CA 91355	INSURER A Philadelphia Indemnity Insurance	NAIC # 18058
INSURED		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

## COVERAGES

**CERTIFICATE NUMBER**

**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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY			3/1/2019	3/1/2020	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	X					MED EXP (Any one person)	\$ 5,000			
						PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000			
	X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	OTHER:					PROFESSIONAL LIABILITY	\$ INCLUDED			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$			
	X HIRED AUTOS	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	UMBRELLA LIAB	OCCUR		3/1/2019	3/1/2020	PROPERTY DAMAGE (Per accident)	\$			
	EXCESS LIAB	CLAIMS-MADE					\$			
	DED	RETENTION \$				EACH OCCURRENCE	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N/A				AGGREGATE	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						\$			
A	Abuse or Molestation		3/1/2019	3/1/2020	PER STATUTE	OTHER				
	if working with minors				E.L. EACH ACCIDENT	\$				
					E.L. DISEASE - EA EMPLOYEE	\$				
					E.L. DISEASE - POLICY LIMIT	\$				
					Limit - per perso	\$200,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACCORD N/A, Additional Remarks Schedule, may be attached if more space is required)  
The CITY, its elected or appointed officials, officers, boards, agencies, officers, agents, employees and volunteers are named as additional insured, but only as respects to the liability arising out the work performed by the named insured. Provisions for additional insured are outlined in the attached additional insured endorsement and only apply when required by written contract. Insurance is primary & non-contributory \*10 day notice of cancellation for non-payment of policy premium.

## CERTIFICATE HOLDER

## CANCELLATION

City of Morgan Hill  
17000 Monterey Road  
Morgan Hill, CA 95037

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Letty Torres/LETTYT

1988-2014 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/26/2019

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 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).

PRODUCER PAYCHEX INSURANCE AGENCY INC/PAC 76250881 150 SAWGRASS DRIVE ROCHESTER NY14620	CONTACT NAME	
	PHONE (877) 287-1312 (A/C, No, Ext)	FAX (888) 443-6112 (A/C, No)
	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A The Hartford Accident and Indemnity Insurance Company 22357	
INSURED	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

## COVERAGES

## CERTIFICATE NUMBER:

## 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE		
	GEN'L AGGREGATE L MIT APPL ES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)		
	OTHER:						MED EXP (Any one person)		
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY		
	ANY AUTO						GENERAL AGGREGATE		
	ALL OWNED AUTOS <input type="checkbox"/> H RED AUTOS						PRODUCTS - COMP/OP AGG		
	SCHEDULED AUTOS NON-OWNED AUTOS								
	UMBRELLA LIAB EXCESS LIAB					COMBINED SINGLE LIMIT (Ea accident)			
	OCCUR CLA MS- MADE					BODILY INJURY (Per person)			
	DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident)			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PROPERTY DAMAGE (Per accident)			
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N N/A	X	09/25/2018	09/25/2019	X PER STATUTE	OTHER		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT		\$1,000,000	
						E.L. DISEASE - EA EMPLOYEE		\$1,000,000	
						E.L. DISEASE - POLICY LIMIT		\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Waiver of Subrogation applies in favor of the Certificate Holder per Waiver of our Right to Recover from Others Endorsement WC430305

## CERTIFICATE HOLDER

City of Morgan Hill  
Attn: Risk Management  
17575 PEAK AVE  
MORGAN HILL CA 95037-4128

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

© 1988-2015 ACORD CORPORATION. All rights reserved.

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**

**Name Of Additional Insured Person(s) Or Organization(s):**

The City of Morgan Hills its elected or appointed officials, boards, agencies, officers, agents, employees, and volunteers  
17575 Peak Ave.  
Morgan Hills, CA 95037

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

**A. 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:

1. In the performance of your ongoing operations;  
or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the

POLICY NUMBER: [REDACTED]

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY INSURANCE – ADDITIONAL INSURED**

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, a. the following is added:

Coverage afforded under this Policy is primary insurance and OTHER INSURANCE shall not apply as respects to the additional insured named below, however this insurance does not apply to the sole negligence of such additional insured. Further, we will have no duty to defend such additional insured against any suit to which this insurance does not apply.

Additional Insured:

The City of Morgan Hills, its elected or appointed officials, boards, agencies, officers, agents, employees, and volunteers

17575 Peak Ave.

Morgan Hills, CA 95037

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

CITY of Morgan Hill and CITY'S elected or appointed officials, boards, agencies, officers, agents, employees, and volunteers

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

**The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of  
Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be \_\_\_\_\_% of the California workers' compensation premium otherwise due on such remuneration.

## Schedule

**Person or Organization**

All persons or organizations that are party to a contract that requires you to obtain this agreement, provided you executed the contract before the loss.

**Job Description**

Jobs performed for any person or organization that you have agreed with in a written contract to provide this agreement.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective \_\_\_\_\_  
Insured \_\_\_\_\_

Policy No. \_\_\_\_\_  
Insurance Company \_\_\_\_\_

Endorsement No. \_\_\_\_\_

Countersigned By \_\_\_\_\_