

San Bernardino County
Flood Control Operations Division – Permit Section
825 East Third Street, Room 108
San Bernardino, CA 92415-0835
(909) 387-7995 – FAX (909) 387-1858

CERTIFICATE OF INSURANCE

NOTE TO PERMITTEE: This form shall be completed by your insurance company. Mail completed form to San Bernardino County Flood Control District, Flood Control Permit Section, 825 East Third Street, San Bernardino, CA 92415-0835.

In accordance with permit requirements, the undersigned does hereby represent to the San Bernardino County Flood Control District and the County of San Bernardino the following policy or policies to _____ fully complies with the following
(name of insured)
Flood Control District insurance requirements.

- ◆ **PUBLIC LIABILITY AND PROPERTY DAMAGE** – The limits of liability in the Public Liability and Property Damage policy or policies shall not be less than \$1,000,000 combined single limit.

<u>Type of Insurance</u>	<u>Company & Policy No.</u>	<u>Exp. Date</u>	<u>Limits of Liability</u>
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- ◆ **ENDORSEMENT NAMING ADDITIONAL INSURED** – Both **San Bernardino County Flood Control District** AND **County of San Bernardino** are hereby named as additional insured for the purpose of **Permit No.** _____ inclusion herein of any person or organization as an additional insured shall not affect any right which such person or organization would have as a claimant if not so included.

This insurance shall be primary insurance with respects to the San Bernardino County Flood Control District and County of San Bernardino.

- ◆ **30-DAY WRITTEN NOTICE OF CANCELLATION, 10-DAY FOR NON-PAYMENT** - Policy shall state that 30-days prior written notice of cancellation, change or expiration and 10-days for non-payment shall be given to the San Bernardino County Flood Control District, Flood Control Permit Section, 825 East Third Street, San Bernardino, CA 92415-0835.

Insurance Company: _____

By: _____
Insurance Company Authorized Agent (Signature) _____
Date

Agent's Address: _____ Agent's Phone: _____

Permit No. _____
File _____