



## UNDERSTANDING THE CERTIFICATE OF INSURANCE

<b>CERTIFICATE OF LIABILITY INSURANCE</b>						Issue Date (mm/dd/yy) <u>01 /31 /09</u>
<b>1. PRODUCER</b> Insurance Agent/Broker who issues certificate.  <b>2. NAME OF INSURED</b> Must be the legal name of the contracting  <b>3. TYPES OF INSURANCE</b> Must include the types of insurance required by  <b>4. POLICY FORM</b> "Claims made" or "occurrence" form; see Glossary for definitions.  <b>5. OTHER</b> Deductibles or self insured retention over \$10,000 must be approved.  <b>6. NAMED ADDITIONAL INSURED</b> The County of San Bernardino must be named additional insured.  <b>7. CERTIFICATE HOLDER</b> Must be The County of San Bernardino, et. al.	Bill Jones Insurance Agency License # OC32505 49 E. Hill St. San Bernardino, CA 92315 Ph# 909 386-8777  Carol's Housecleaning 222 Elm St. Rialto, CA 92376  <b>COVERAGES</b> THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE UNSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIDION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH HIS 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	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:  <b>COMPANIES AFFORDING COVERAGE</b>  COMPANY A TRAVELERS INDEMNITY OF WISCONSIN LETTER COMPANY B RELIANCE INSURANCE OF PENNSYLVANIA LETTER COMPANY C STATE INSURANCE COMPANY LETTER COMPANY D LETTER COMPANY E LETTER				
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL UNITS (IN THOUSANDS)	
A	GENERAL LIABILITY  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/>				GENERAL AGGREGATE	\$ 3,000
					PRODUCTS-COMP/OPS AGGREGATE	\$ 1,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ Exclud.
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT	\$ 1,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$ 1,000
					AGGREGATE	\$ 3,000
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY  OTHER				X STATUTORY LIMITS	
					\$ 1,000 (EACH ACCIDENT)	
					\$ 1,000 (DISEASE-POLICE LIMIT)	
					\$ 1,000 (DISEASE-EACH EMPLOYEE)	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTION/SPECIAL ITEMS</b> The County of San Bernardino, its officers, employees, agents and volunteers are named as additional insured.						
<b>CERTIFICATE HOLDER</b> The County of San Bernardino and its officers, employees, agents and volunteers. EBIX/BPO PO BX 257 Portland, MI 48875-0257				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMES TO THE LEFT. Authorized representative		

- 8. COMPANIES AFFORDING COVERAGE: Must have Best Insurance Guide rating of "A-V"
- 9. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.
- 10. POLICY EXPIRATION DATE: If occurrence form, date must be on or after termination of contract.
- 11. LIMITS OF INSURANCE: Must be the same or greater than required by contract
- 12. DESCRIPTION OF OPERATIONS: Place & event sometimes described here.
- 13. NOTICE OF CANCELLATION: Must be modified as indicated; 30 days required.
- 14. AUTHORIZED REPRESENTATIVE: Must be signed, not stamped.

1. THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. NAMED OF INSURED: Must be legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract.
4. POLICY FORM: Will indicate claims-made or occurrence form; see "8. Policy Expiration Date" and Glossary for additional information.
5. OTHER: Deductibles or self insured retention over \$10,000 must be approved.
6. NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations or by written endorsement.
7. CERTIFICATE HOLDER: Must be the County of San Bernardino and additional named insured.
8. COMPANIES AFFORDING COVERAGE: Must have Best Insurance Guide rating of "A-V".
9. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.
10. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
11. LIIMITS OF INSURANCE: Must be same or greater than required by contract.
12. DESCRIPTION OF OPERATIONS: Review information in this section to determine it is consistent with contract.
13. NOTICE OF CANCELLATION: This language must be modified to read: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days notice to the certificate holder names to the left"
14. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.