



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/13/2015

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).

<b>PRODUCER</b> <b>Hatter, Williams &amp; Purdy Insurance</b> <b>2230 Faraday Ave</b>  <b>Carlsbad CA 92008</b>		<b>CONTACT NAME:</b> Nickie Einertson, CISR <b>PHONE (A/C, No, Ext):</b> (760) 795-2002 <b>FAX (A/C, No):</b> (760) 929-0534 <b>E-MAIL ADDRESS:</b> neinertson@hwpinsurance.com																						
<b>INSURED</b> CONTRACTOR NAME ADDRESS CITY STATE ZIP  <b>San Diego CA 92160</b>		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A</td><td></td><td></td></tr> <tr><td>INSURER B</td><td></td><td></td></tr> <tr><td>INSURER C</td><td></td><td></td></tr> <tr><td>INSURER D</td><td></td><td></td></tr> <tr><td>INSURER E</td><td></td><td></td></tr> <tr><td>INSURER F</td><td></td><td></td></tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A			INSURER B			INSURER C			INSURER D			INSURER E			INSURER F		
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**COVERAGES**      **CERTIFICATE NUMBER: 15-16 Master**      **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 POLICY OR DOCUMENT REFERRED TO HEREIN, THIS CERTIFICATE MAY BE ISSUED SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS MAY BE DIFFERENT BY POLICY.

# EXAMPLE

INSR LTR	TYPE OF INSURANCE	AL IN	PC	NUM	OL	PLK	P	Y	LIMITS	
A	GENERAL LIABILITY								EACH OCCURRENCE (Per person)	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY								PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE								GENERAL AGGREGATE	\$ 2,000,000
									PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO								BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS								BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS								PROPERTY DAMAGE (Per accident)	\$
A	UMBRELLA LIAB								Medical payments	\$ 5,000
	<input checked="" type="checkbox"/> EXCESS LIAB								EACH OCCURRENCE	\$ 6,000,000
									AGGREGATE	\$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N							E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

REQUIRED



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

<b>CERTIFICATE HOLDER</b>  <b>I.C. Planning &amp; Development Services Department</b> <b>801 Main Street</b> <b>El Centro, CA 92243</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Nickie Einertson, CISR
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