



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2016

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 Alliant Insurance Services, Inc. License No. 0C36861 100 Pine Street, 11th FL San Francisco CA 94111 | CONTACT NAME: Phuntsok Gaphel PHONE (A/C, No, Ext): 415-403-1447 E-MAIL ADDRESS: pgaphel@alliant.com FAX (A/C, No): 415-874-4812 | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED City of San Mateo 330 W 20th Ave San Mateo CA 94403 | <table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Argonaut Insurance Company</td><td>19801</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Argonaut Insurance Company | 19801 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
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| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 751128960

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Self-Insured Ret \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | 2902024-01 | 7/1/2016 | 7/1/2017 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N | <input type="checkbox"/> A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

County of San Mateo and its officers, agents, employees, and servants are included as additional insureds as pertains to the Named Insured's liability as respects Juvenile Diversion Program agreement. Primary and non-contributory endorsement attached.

Subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| County of San Mateo Attn: Reyna Farrales, Deputy County Manager 400 County Center Redwood City CA 94063 | 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 |
|--|---|

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Not Insured: No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not known as a Named Insured in the Declarations.

We reserve the right within the 120 day coverage period outlined in **e.(1)** above to endorse your policy to exclude coverage for the new organization; however, we will provide a thirty-day (30) notice of such new organization being excluded.

f. Mobile or Leased Equipment Contracts:

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability.

With respect to leased equipment, including "mobile equipment", that is the subject of a contract or agreement between you and any other person or organization, such person or organization is an additional insured under this policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of "mobile equipment" leased or rented to you by such person or organization, and only for the period of time the contract or agreement is in effect. However, no person or organization is an insured with respect to property owned by, rented to, in the charge of, or occupied by you or the employer of any person who is an insured under this provision.

3. ADDITIONAL INSURED:

a. Blanket Additional Insureds:

Any person or organization required to be an additional insured under an "insured contract", if agreed to by you prior to the "bodily injury", "property damage" or "personal and advertising injury", but only with respect to liability arising out of your premises or operations. This insurance does not apply to loss arising out of any act, error or omission of the additional insured(s).

b. Users of Golfmobiles:

Any person(s) using or legally responsible for the use of golfmobiles in your operations, or loaned or rented to others by you or your concessionaires, but only with respect to their liability caused by the use of such golfmobiles.

SECTION IV – LIMITS OF INSURANCE

The Limits of Insurance of this policy apply only in excess of the "Retained Limit".

The following paragraphs further describe how the Limits of Insurance and "Retained Limit" apply:

A. RETAINED LIMIT

1. The "retained limit" shall be applied to each "bodily injury," "property damage," "personal and advertising injury", and "employee benefits wrongful act" for which coverage is afforded by this policy. The "retained limit" will be reduced by any "loss adjustment expenses" incurred by the insured.
2. The "retained limit" shall not be impaired by any "claim" or "suit" brought against an insured which is not covered under this policy.
3. The "retained limit" shall not include any amounts for "loss", injury or damages, or any "loss adjustment expense(s)" for any "occurrence", "offense", "personal and advertising injury" or "employee benefits wrongful act" that occurs prior to, or subsequent to, the "policy period".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

PUBLIC RISK GENERAL LIABILITY RETAINED LIMIT COVERAGE FORM – LIMITED REPORTING
EDUCATOR'S GENERAL LIABILITY RETAINED LIMIT COVERAGE FORM – LIMITED REPORTING

The **Other Insurance** Condition is amended by the addition of the following:

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under this policy provided:

- 1) The other insurance was not written specifically as excess over this insurance;
- 2) You have agreed in a written contract or agreement this insurance is primary and would not seek contribution from any other insurance available to the additional insured in excess of the "retained limit"; and
- 3) The written contract or agreement was executed prior to the loss.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.