

ACCORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) _____

__PRODUCER

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.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A: Any Carrier with A.M. Best Rating A-VII or Better
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 INSURER E: _____

COMPANY INSURED NAME

S

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	General Liability <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> INCL: BFP GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XXXXXXX	FROM	TO	EACH OCCURRENCE	\$1,000,000*
					FIRE/DAMAGE (ANY ONE FIRE)	\$
					MED EXP (ANY ONE PERSON)	\$
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$1,000,000
					PRODUCTS COMP/OP AGG	\$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXXXX	FROM	TO	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000*
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE (Per Accident)	\$
					GARAGE LIABILITY	
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EACH ACCIDENT	\$
					OTHER THAN EA ACC	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY: AGG	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (NOT REQUIRED IF SOLE PROPRIETOR)	XXXXXXXXXXX	FROM	TO	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS	
					E.L. EACH ACCIDENT	\$1,000,000
					E. L. DISEASE EACH EMPLOYEE	\$1,000,000
					E. L. DISEASE POLICY LIMIT	\$1,000,000
	OTHER					

M

P

L

E

***\$5,000,000 FOR WORK ON PUBLIC ROADWAYS.**

DESCRIPTION OF OPERATIONS/PROJECT NAME/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: PROJECT

Alameda County Water District, its directors, officers, employees and agents are additional insureds with respect to General Liability and Automobile Liability for all California operations performed by our insured at all locations under contract with certificate holder. Also with respect to General Liability, this insurance is primary, and non-contributing with any other insurance. Contractual Liability is included. With respect to the Automobile Liability, Contractual Liability coverage applies.

CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTER CANCELLATION DAY NOTICE FOR NON-PAYMENT

__ALAMEDA COUNTY WATER DISTRICT
 P. O. BOX 5110
 FREMONT, CA 94537
 ATTN: PURCHASING DIVISION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF; THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE