

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/16/2013

277880

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(les) 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).

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PRODUCER						CONTACT Sharon K, Harris					
Commercial Lines Unit - (831) 431-2300					PHONE (A/C, No, Ext); 831-431-2318 FAX (A/C, No): E-MAIL ADDRESS: sharon.k.harris@wellsfargo.com						
Weils Fargo Insurance Services USA, Inc CA Lic#: 0D08408					E-MAIL ADDRESS: sharon.k.harris@wellsfargo.com						
5615 Scotts Valley Drive Suite 100					INSURER(S) AFFORDING COVERAGE					NAIC#	
Scotts Valley, CA 95086-2165					INSURER A: NIAC						
INSURED					INSURER B:						
Goodwill Industries of Santa Cruz					INSURER C:						
350 Encinal Street					INSURER D :						
					INSURER E:						
Santa Cruz, CA 95060						INSURER F :					
COVERAGES CERTIFICATE NUMBER: 6581889 REVISION NUMBER: See below											
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS	··············	and tricking and a second	
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	CLAIMS-MADE X OCCUR								\$	20,000	
									\$	1,000,000	
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	ALLOWNED SCHEDULED AUTOS AUTOS NON-OWNED								\$		
	X HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$		
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	DED X RETENTION\$ 10,000		H	***************************************	manual services.		·.v. · · · · · · · · · · · · · · · · · ·	The second secon	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				:			WC STATU- OTH- TORY LIMITS EB.		· · · · · · · · · · · · · · · · · · ·	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in Nfl) If yes, describe under	İ						E.L. DISEASE - EA EMPLOYEE			
************	if yes, describe under DESCRIPTION OF OPERATIONS below		<u>.</u>					E.L. DISEASE - POLICY LIMIT	\$		
- thin this							A Paragraph Res				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The County of Monterey, its agents, officers and employees as Additional insured with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance of self-insurance maintained by the County and that the insurance of the Additional Insured shall not be called upon to contribute to a loss covered by the Contractor's insurance as respects General Liability per the attachedendorsement form NIACE25198 and Automobile Liability per the attached endorsement form CA20480299 with respects to contracted agreement between named insured and Certificate Holder. *Primary Wording applies to General Liability and is included in the policy*											
CERTIFICATE HOLDER						CANCELLATION					
VISTALL DEPOSIT					VANOULLATION						
County of Monterey Contracts/Purchasing Deptartment 168 West Allsal Street 3rd Floor Salinas, CA 93901					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. SECTION II WHO IS AN INSURED is amended to include any public entity as an additional insured for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of, in whole or in part, by:
 - 1. Your acts or omissions: or
 - 2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations.
 No such public entity is an additional insured for liability arising out of the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. The following is added to SECTION III LIMITS OF INSURANCE:

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

- D. With respect to the insurance provided to the additional insured(s), Condition 4. Other insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work":
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
 - (e) That is any other insurance available to an additional insured(s) under this Endorsement covering liability for damages arising out of the premises or operations, or productscompleted operations, for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s)-against any "suit" if any-other-insurer has a duty-to-defend-the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

POLICY NUMBER: 201301147

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DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

County of Monterey
Contracts/Purchasing Deptartment
168 West Alisai Street 3rd Floor
Salinas, CA 93901

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section** II of the Coverage Form.

The County of Monterey, its agents, officers and employees as Additional Insured with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance of self-insurance maintained by the County and that the insurance of the Additional Insured shall not be called upon to contribute to a loss covered by the Contractor's insurance as respects General Liability per the attached endorsement form NIACE25198 and Automobile Liability per the attached endorsement form CA20480299 with respects to contracted agreement between named Insured and Certificate Holder. *Primary Wording applies to General Liability and is included in the policy*



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WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS - AUTO

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

We waive any right of recovery we may have against the person or organization shown in the schedule below because of payments we make for injury or damage arising out of your operations done under a contract with that person or organization. The waiver applies only to the person or organization shown in the schedule.

SCHEDULE

NAME OF PERSON OR ORGANIZATION:

County of Monterey, its officers, agents, and employees