



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2023

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 have ADDITIONAL INSURED provisions or 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 MARSH USA LLC 1050 CONNECTICUT AVENUE, SUITE 700 WASHINGTON, DC 20036-5386 Attn: CSS, TELEPHONE 202-263-7600		CONTACT NAME:	
CN115014019-NAVI-+PFIE-23-24		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED GILA LLC DBA MUNICIPAL SERVICES BUREAU 325 DANIEL ZENKER DRIVE, SUITE 3 HORSEHEADS, NY 14845		INSURER(S) AFFORDING COVERAGE	
		INSURER A : American Zurich Insurance Company	NAIC # 40142
		INSURER B : Zurich American Insurance Company	16535
		INSURER C : American Guarantee & Liability Ins Co	26247
		INSURER D : Indian Harbor Insurance Company	36940
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CLE-006844857-14 **REVISION NUMBER:** 10

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			GLA 8604610 - 01	04/30/2023	04/30/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			GLA 8604610 - 01	04/30/2023	04/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AUC Q20547401 - 01	04/30/2023	04/30/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y N/A			WC 8604611 - 01	04/30/2023	04/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	PROPERTY; ALL RISK/REPLA. COST			ERP0248012-05	04/30/2023	04/30/2024	DEDUCTIBLE: 100,000	320,000,000
D	FINANC INST. BOND			ELU183170-22	06/01/2022	06/01/2023	DEDUCTIBLE: 1,000,000	10,000,000

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

RE: Agreement No. A-14248 MA-2018-15 74-2605908

CERTIFICATE HOLDER AND THE STATE OF CALIFORNIA, AND THEIR RESPECTIVE JUDGES, SUBORDINATE JUDICIAL OFFICERS, EXECUTIVE OFFICERS, ADMINISTRATORS, OFFICERS, OFFICIALS, AGENTS, REPRESENTATIVES, CONTRACTORS, VOLUNTEERS OR EMPLOYEES IS/ARE INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT WITH RESPECTS TO GENERAL AND AUTO LIABILITY. PROFESSIONAL LIABILITY INCLUDES E&O THE PLACEMENT WAS MADE BY NAVIENT CORPORATION.

SEE ACORD 101

CERTIFICATE HOLDER

MONTEREY COUNTY BOARD OF SUPERVISORS
168 WEST ALISAL STREET, 1ST FLOOR
SALINAS, CA 93901

CANCELLATION

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

Marsh USA LLC

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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA LLC.		NAMED INSURED GILA LLC DBA MUNICIPAL SERVICES BUREAU 325 DANIEL ZENKER DRIVE, SUITE 3 HORSEHEADS, NY 14845	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

PROPERTY:

SUBLIMITS

\$200,000,000 EARTH MOVEMENT (ANNUAL AGGREGATE, FOR ALL COVERAGES PROVIDED)

\$150,000,000 FLOOD (ANNUAL AGGREGATE, FOR ALL COVERAGES PROVIDED)

DEDUCTIBLES

\$100,000 PER OCCURENCE ALL OTHER LOSSES

\$100,000 EARTH MOVEMENT PER OCCURRENCE

\$100,000 FLOOD PER OCCURRENCE

REGARDING PROPERTY, OTHER DEDUCTIBLES MAY APPLY AS PER POLICY TERMS AND CONDITIONS.

PROFESSIONAL LIABILITY:

CARRIER: RIVERFRONT INSURANCE, LLC

POLICY #: 1-10000-00-2022

EFF. DATE / EXPIR. DATE: 06/01/2022 - 06/01/2023

LIMIT: \$50,000,000

SIR: \$25,000,000

THE E&O PLACEMENT WAS MADE BY NAVIENT CORPORATION. MARSH USA INC. HAS ONLY ACTED IN THE ROLE OF A CONSULTANT TO THE CLIENT WITH RESPECT TO THIS PLACEMENT, WHICH IS INDICATED HERE FOR YOUR CONVENIENCE.





Dear Certificate Holder:

To streamline certificate delivery for our clients and in an effort to support our firm's commitment to sustainability, going forward, we will only be providing renewal certificates of insurance electronically.

If you need to continue receiving a copy of the attached certificate, please send an email to USOperations.email@marsh.com and include the following:

- Certificate # (Shown below Insured Name – e.g., ABC-123456789-01)
- E-Mail for future delivery

For your convenience, if we do not receive your response, we will conclude that you no longer require proof of insurance from the named insured and will remove you from our records.

Thank you,

US Operations, Marsh USA, LLC

A business of Marsh McLennan

0003814 SP 0126 -C01-P03815-1
MONTEREY COUNTY BOARD OF SUPERVISORS
168 WEST ALISAL STREET, 1ST FLOOR
SALINAS, CA 93901



RECEIVED
MONTEREY COUNTY

JUL 06 2023

CLERK OF THE BOARD


DEPUTY

VICENTE RAMIREZ





11001 Lakeline Blvd., Building 1, Suite 200,
Austin, TX 78717

Forwarding Service Requested

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
CAROL STREAM, IL
PERMIT NO. 560

5/11/03
PMD

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