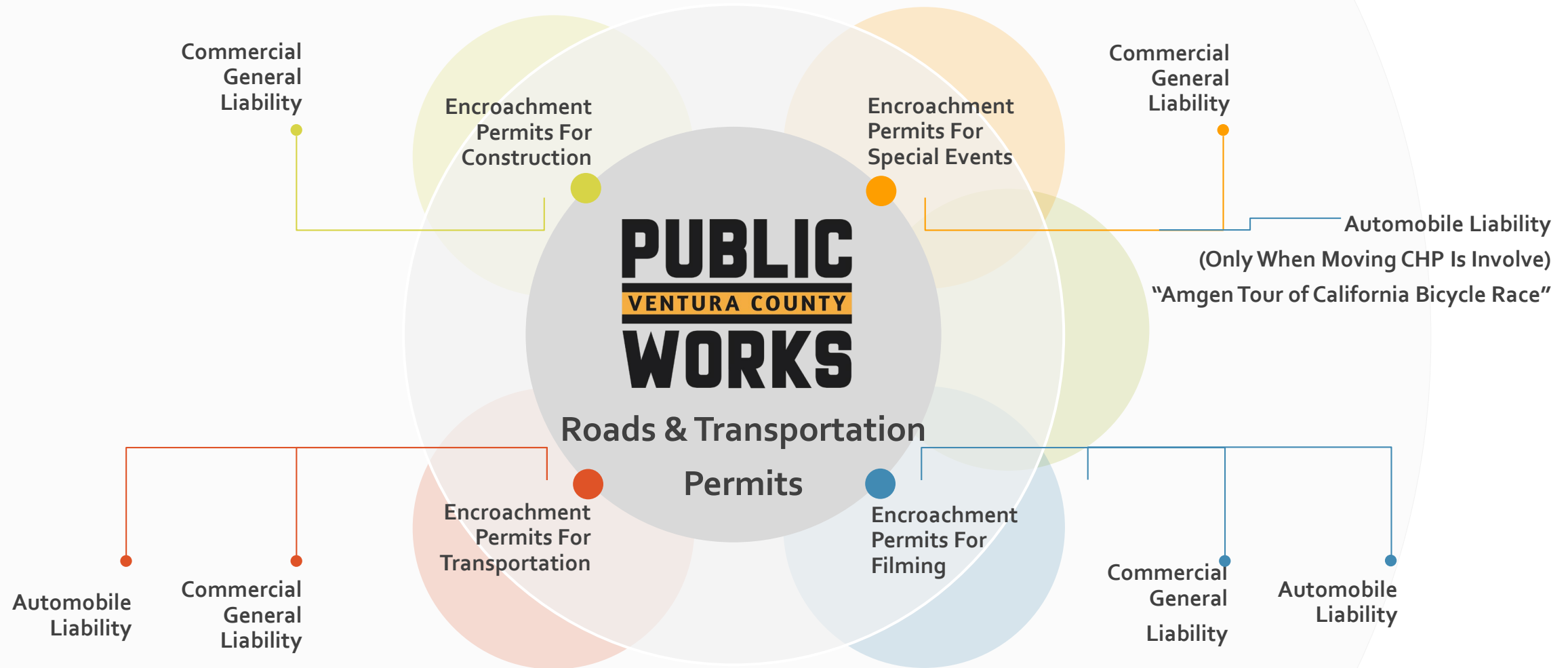


Insurance Requirements



NOTE: Circled/Rectangular items MUST be filled out completely.

ACORD - CERTIFICATE OF LIABILITY INSURANCE

INSURANCE BROKER OR COMPANY NAME AND CONTACT INFORMATION, INCLUDING EMAIL ADDRESS	
INSURED COMPANY NAME AND CONTACT INFORMATION, INCLUDING A VALID EMAIL ADDRESS	
INSURERS AFFORDING COVERAGE	
INSURER 1	NAIC #
INSURER 2	
INSURER 3	
INSURER 4	

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. APPROPRIATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	INSURED	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CERT. MINIMUM LIMIT APPLIES PER POLICY <input type="checkbox"/> CGL <input checked="" type="checkbox"/> LOC	<input checked="" type="checkbox"/>	GL80XXXXXX	08/01/20XX	08/01/20XX	EACH OCCURRENCE DAMAGE TO RENTED VEHICLES (Ex. maximum) MED EXP (per person) PERSONAL AND PROPERTY GENERAL AGGREGATE PRODUCTS - COMPLETED
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	TP98XXXXXX	08/01/20XX	08/01/20XX	COMBINED SINGLE LIMIT BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per accident)
EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION		008502599	08/01/20XX	08/01/20XX	EACH OCCURRENCE AGGREGATE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYERS LIABILITY EXCLUSIONS EXCLUDED? Even when the worker is not an employee, the provisions under this section apply.	Yes / No	FACRUB3175M88411	08/01/20XX	08/01/20XX	WORKERS COMPENSATION EMPLOYERS LIABILITY E.L. EACH ACCIDENT E.L. DISEASE - EMPLOYEES E.L. DISEASE - POLICY LIMIT
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

County of Ventura is named additional insured when required by written contract per the attached endorsement.

CERTIFICATE HOLDER County of Ventura 800 S. Victoria Ventura, CA 93003	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER SHALL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. AUTHORIZED REPRESENTATIVE
--	--

ACORD 28 (2004/04)

© ACORD CORPORATION 1998

Must use this address

Sign Here

MUST match with General Liability Policy Number on Certificate of Liability Insurance

POLICY NUMBER:	COMMERCIAL GENERAL LIABILITY CG 20 12 05 09
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

County of Ventura
Transportation Permits
800 S. Victoria
Ventura, CA 93003

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II - Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
- This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
 - However:
 - The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. This insurance does not apply to:
- "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
- Required by the contract or agreement; or
 - Available under the applicable limits of insurance shown in the Declarations; whichever is less.
- This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

POLICY NUMBER: COMMERCIAL LIABILITY UMBRELLA
CU 01 19 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

SCHEDULE

Insurance Company	
Policy Number	
Effective Date	
Expiration Date	
Named Insured	
Address	
Additional Insured (Lessor)	
Address	
Description or Description of "Lessor Auto"	

Coverage	Limit Of Insurance
Liability	Each Occurrence

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

Subject to such coverage provided in the "underlying policy", the following cancellation provisions apply:

- If we cancel the policy, we will mail notice to the insured.
- If you cancel the policy, we will mail notice to the insured.
- Cancellation ends this agreement.

POLICY NUMBER: TP98XXXXXX

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER 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" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s):
ALL PERSONS OR ORGANIZATIONS ARE REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED. THE WRITTEN CONTRACT MUST BE SIGNED PRIOR TO THE DATE OF THE "ACCIDENT".

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

CA 20 48 10 13

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Page 1 of 1

REQUEST FOR PROOF OF INSURANCE

Date:_____

Requestor Name:_____

Department:_____

Phone:_____

Certificate Holder:_____

Contact Name:_____

Mailing Address:_____

Event Description:_____

Date of Event:_____

Location:_____

What insurance and limits is the Certificate Holder requesting? (if you are unsure, standard limits will be used).

General Liability:_____ Auto Liability:_____ Workers' Compensation:_____

Professional Liability:_____ Cyber Liability: _____

Are they requesting to be added as an Additional Insured? Yes:_____No: _____

Please return the completed form to Theresa Bucci via: Email at Theresa.Bucci@ventura.org

Clear