

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Contract No. _____

CERTIFICATE OF INSURANCE

Date: _____

This is to certify that the following described insurance, and endorsements shown, are in force with named insurer for period and limits shown on behalf of following named contractor or permittee (assured):

Assured: _____ Address: _____ (ZIP CODE)

Type of Business: _____

Location Covered: _____

Insurer: _____ Address: _____ (ZIP CODE)

Policy Number: _____ Policy Dates: From _____ To _____

Required special endorsement to be added to policy (signature below is certification that the policy does contain this endorsement):

1. The insurer will not cancel or reduce the insured's coverage without 30 days prior written notice to State; and
2. The State of California, its officers, agents, employees, and servants are included as additional insured, but only with respect to work performed for the State of California under this contract.
3. The State will not be responsible for any premiums or assessment on the policy.

Upon request, insurer shall furnish State a certified copy of the policy within fifteen days.

Type of Insurance

Limits*


Exposure Applicable to:

\$1,000,000 per occurrence

- Bodily Injury Per Occurrence
- Property Damage
- Combined Single Limit (CSL)
- Products Liability

* See instructions on back for minimum limits allowable.

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate or verification of insurance 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.

 _____
 **WRITTEN SIGNATURE _____ DATE _____


 AGENCY OR COMPANY NAME _____

 STREET ADDRESS _____

 CITY AND STATE _____ (ZIP CODE) _____

 PHONE NO. _____

Worker's Compensation Insurance as required in California State Labor Code of all California Employers is in force and carried with:

 _____
 **WRITTEN SIGNATURE _____ DATE _____

 AGENCY OR COMPANY NAME _____

 ER POLICY NO. _____

**** Certificate must be executed by insurance agent, or employee or insurer, authorized to certify existence of described insurance.**