


CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

| GSRMA-02  | CO   | <b>CERTIFICATE OF COVERAGE</b>  | 06/29/2018  |                                       |   |   |
|---|--|---|---|---------------------------------------|---|---|
| <b>Primary Insurance Provided by</b><br><b>Golden State Risk Management Authority</b><br><b>P.O. Box 706</b><br><b>Willows, CA 95988-0706</b>   |  | <small>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</small> |   |                                       |   |   |
|   |  | <small>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small>   |   |                                       |   |   |
| <b>GSRMA MEMBER:</b><br><br><b>ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT</b><br><b>PO BOX 634</b><br><b>ALBION, CA 95410</b>   |  | COVERAGE AFFORDED BY  | <b>A - Golden State Risk Management Authority</b>   |                                       |   |   |
|   |  | COVERAGE AFFORDED BY  | <b>B -</b>  |                                       |   |   |
|   |  | COVERAGE AFFORDED BY  | <b>C -</b>  |                                       |   |   |
|   |  | COVERAGE AFFORDED BY  | <b>D -</b>  |                                       |   |   |
| <b>Coverages</b><br><small>THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS/POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small> |  |   |   |                                       |   |   |
| ENT LTR   | TYPE OF COVERAGE   | POLICY #  | COVERAGE EFFECTIVE DATE (MM/DD/YYYY)  | COVERAGE EXPIRATION DATE (MM/DD/YYYY) | MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE                     | LIMITS  |
| <b>A</b>  | <b>WORKERS' COMPENSATION</b><br><input checked="" type="checkbox"/> WORKERS' COMPENSATION<br><input checked="" type="checkbox"/> EMPLOYERS' LIABILITY  | JPA 0040  | 07/01/2018  | 07/01/2019                            | \$0   | WORKERS' COMPENSATION: \$ 300,000<br>EMPLOYERS LIABILITY: \$ 300,000  |
| <b>A</b>  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE   | JPA 0040  | 07/01/2018  | 07/01/2019                            | \$ 0  | \$ 250,000  |
| <b>A</b>  | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO<br><input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY  | JPA 0040  | 07/01/2018  | 07/01/2019                            | \$ 0  | \$ 250,000  |
| <b>A</b>  | <b>CRIME</b><br><input checked="" type="checkbox"/> EMPLOYEE THEFT-PER LOSS<br><input checked="" type="checkbox"/> DEPOSITORS FORGERY OR ALTERATION<br><input checked="" type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION<br><input checked="" type="checkbox"/> COMPUTER AND FUNDS TRANSFER FRAUD | JPA 0040  | 07/01/2018  | 07/01/2019                            | \$ 2,500  | \$ 25,000   |
| <b>A</b>  | <b>PROPERTY</b><br><input checked="" type="checkbox"/> ALL RISK<br><input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE<br><input checked="" type="checkbox"/> BOILER AND MACHINERY<br><input checked="" type="checkbox"/> TERRORISM   | JPA 0040  | 07/01/2018  | 07/01/2019                            | \$ 1,000<br>\$ 25,000<br>\$ 250 Comp<br>\$ 500 Coll<br>\$ 1,000 | ALL RISK: \$5,000<br>FLOOD: \$25,000<br>AUTO (ACV): \$10,000<br>AUTO (RCV): PER POLICY<br>BOILER AND MACHINERY: \$5,000 |
| <b>Description of Operations/Locations/Vehicles/Special Items:</b><br>AS RESPECTS EVIDENCE OF COVERAGE ONLY.  |  |   |   |                                       |   |   |
| <b>Certificate Holder</b><br><br><b>FOR THE PURPOSE OF EVIDENCE ONLY</b><br><b>C/O ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT</b><br><b>P.O. BOX 634</b><br><b>ALBION, CA 95410</b>   |  |   | <b>Cancellation</b><br><small>SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICY PROVISIONS.</small> |                                       |   |   |
|   |  |   | AUTHORIZED REPRESENTATIVE<br><br>   |                                       |   |   |

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

|          |    |                                |            |
|----------|----|--------------------------------|------------|
| GSRMA-02 | CO | <b>CERTIFICATE OF COVERAGE</b> | 06/29/2018 |
|----------|----|--------------------------------|------------|

**CSAC Excess Insurance Authority**

C/O ALLIANT INSURANCE SERVICES, INC.  
 P.O. BOX 6450  
 NEWPORT BEACH, CA 92658-6450  
 PHONE (949) 756-0271 / FAX (619) 699-0901  
 LICENSE #0C36861

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 BELOW. THIS CERTIFICATE OF COVERAGE 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 and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED BY **A - See attached schedule of insurers**

**MEMBER:**  
 Golden State Risk Management Authority  
 P.O. Box 706  
 Willows, CA 95988-0706

COVERAGE AFFORDED BY **B - CSAC Excess Insurance Authority**

**GSRMA MEMBER:**  
 ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT

COVERAGE AFFORDED BY **C - National Union Fire Insurance Company of Pittsburgh, PA (AIG)**

**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| ENT LTR  | TYPE OF COVERAGE   | MEMORANDUM # /POLICIES                   | COVERAGE EFFECTIVE DATE (MM/DD/YYYY) | COVERAGE EXPIRATION DATE (MM/DD/YYYY) | MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE              | LIMITS   |
|----------|--|--|--------------------------------------|---------------------------------------|--|--|
| <b>A</b> | <b>WORKERS' COMPENSATION</b><br><input checked="" type="checkbox"/> WORKERS' COMPENSATION<br><input checked="" type="checkbox"/> EMPLOYERS' LIABILITY  | See attached for insurers policy numbers | 07/01/2018                           | 07/01/2019                            | \$ 300,000   | WORKERS' COMPENSATION: Statutory<br>EMPLOYERS LIABILITY: \$5,000,000   |
| <b>B</b> | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> EXCESS GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE  | EIA-PE 18 EL-63                          | 07/01/2018                           | 07/01/2019                            | \$ 250,000   | Difference between \$1,000,000 and the Member's Self-Insured Retention   |
| <b>B</b> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> HIRED AUTO<br><input checked="" type="checkbox"/> NON-OWNED AUTO<br><input checked="" type="checkbox"/> GARAGE LIABILITY  | EIA-PE 18 EL-63                          | 07/01/2018                           | 07/01/2019                            | \$ 250,000   | Difference between \$1,000,000 and the Member's Self-Insured Retention   |
| <b>C</b> | <b>CRIME</b><br>N/A  | 15909765                                 | 06/30/2018                           | 06/30/2020                            | \$25,000   | \$ 10,000,000 Per Occurrence<br>\$ 5,000,000 Per Occurrence excess of \$10,000,000   |
| <b>B</b> | <b>PROPERTY</b><br><input checked="" type="checkbox"/> ALL RISK<br><input checked="" type="checkbox"/> FLOOD<br><input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED)<br><input checked="" type="checkbox"/> BOILER AND MACHINERY<br><input checked="" type="checkbox"/> TERRORISM<br><br>TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS<br>ALL OTHER LIMITS ARE SHARED PER TOWER | EIA PPR18-21                             | 03/31/2018                           | 03/31/2019                            | \$ 5,000<br>\$ 25,000<br>\$10,000 PER POLICY<br>\$ 5,000 | \$25,000,000 PER OCC ALL RISK<br>\$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD<br>AUTO PHYS. DAMAGE DED.<br>\$25,000,000 PER ACCIDENT BOILER & MACHINERY LIMIT |

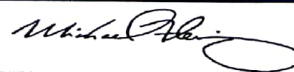
Description of Operations/Locations/Vehicles/Special Items:  
 AS RESPECTS EVIDENCE OF COVERAGE ONLY.

**Certificate Holder**  
 FOR THE PURPOSE OF EVIDENCE ONLY  
 C/O ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT  
 P.O. BOX 634  
 ALBION, CA 95410

**Cancellation**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

AUTHORIZED REPRESENTATIVE



CSAC EXCESS INSURANCE AUTHORITY

**CSAC EXCESS INSURANCE AUTHORITY  
EXCESS WORKERS' COMPENSATION PROGRAM  
2018/2019 SCHEDULE OF INSURERS  
GSRMA**

| PROVIDER                        | MEMORANDUM/POLICY NUMBER | LIMIT  |
|---------------------------------|--------------------------|--|
| CSAC Excess Insurance Authority | EIA-PE 18 EWC-02         | <p>Workers' Compensation:<br/>\$50,000,000 each accident/each employee for disease</p> <p>(Difference between \$50,000,000 and the individual member's retention)</p> <p>Employers' Liability:<br/>\$5,000,000 each accident/each employee for disease</p> <p>(Difference between \$5,000,000 and the individual member's retention)</p> |
| Liberty Insurance Corporation   | EW7-64N-444785-018       | <p>Statutory each accident/ each employee for disease excess of \$50,000,000</p>   |