

Certificate of Insurance

acord THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED IN THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY JOHN Q PUBLIC INSURANCE AGENCY 12345 UNKNOWN STREET VISALIA, CA 93277	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	JOHN DOE ACCIDENT & INDEMNITY
NAME AND ADDRESS OF INSURED XYZ CONSTRUCTION COMPANY 12345 JOHN DOE AVENUE VISALIA CA 93277	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	
	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, in 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

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of WWI In Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	--- (for encroachment permits)	12-31-	BODILY INJURY	\$	\$
	COMPREHENSIVE FORM PREMISES-OPERATIONS EXPLOSION AND COLLAPSE UNDERGROUND HAZARD PRODUCTS/COMPLETED OPERATIONS 14AZAN D CONTRACTUAL INSURANCE BROAD FORM INDEPENDENT CONTRACTORS	51 CBP 200903		PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	\$ 500
				PERSONAL INJURY		\$ 500
A	PERSONAL INJURY AUTOMOBILE LIABILITY	(Required for Moving Permits Only)	12-31-	BODILY INJURY (EACH PERSON)	\$	
	COMPREHENSIVE FORM OWNED HIRED NON-OWNED	51 CBP 200903		BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY			STATUTORY		\$
	OTHER					

The following phrase must by typed verbatim on all certificates of insurance:
**THE COUNTY OF TULARE, ALL OF ITS OFFICERS AND
 EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.**

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder. but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER RESOURCE MANAGEMENT AGENCY TULARE COUNTY 5961 SOUTH MOONEY BLVD. VISALIA IA CALIFORNIA 93277-9394
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Date Issued: 1-1-
