

GSRMA-225	AI	CERTIFICATE OF COVERAGE	06/29/2018
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Primary Insurance Provided by Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706	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).
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GSRMA MEMBER: COUNTY OF GLENN 525 WEST SYCAMORE STREET, SUITE B-1 WILLOWS, CA 95988	COVERAGE AFFORDED BY A - Golden State Risk Management Authority COVERAGE AFFORDED BY B - COVERAGE AFFORDED BY C - COVERAGE AFFORDED BY D -
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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/POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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
A	WORKERS' COMPENSATION <input checked="" type="checkbox"/> WORKERS' COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	JPA 0040	07/01/2018	07/01/2019	\$0	WORKERS' COMPENSATION: \$ 300,000 EMPLOYERS LIABILITY: \$ 300,000
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	JPA 0040	07/01/2018	07/01/2019	\$ 0	\$ 250,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY	JPA 0040	07/01/2018	07/01/2019	\$ 0	\$ 250,000
A	CRIME <input checked="" type="checkbox"/> EMPLOYEE THEFT-PER LOSS <input checked="" type="checkbox"/> DEPOSITORS FORGERY OR ALTERATION <input checked="" type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input checked="" type="checkbox"/> COMPUTER AND FUNDS TRANSFER FRAUD	JPA 0040	07/01/2018	07/01/2019	\$ 2,500	\$ 25,000
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM	JPA 0040	07/01/2018	07/01/2019	\$ 1,000 \$ 25,000 \$ 250 Comp \$ 500 Coll \$ 1,000	ALL RISK: \$5,000 FLOOD: \$25,000 AUTO (ACV): \$10,000 AUTO (RCV): PER POLICY BOILER AND MACHINERY: \$5,000

Description of Operations/Locations/Vehicles/Special Items:
 SEE ATTACHMENT A

Certificate Holder TEHAMA COUNTY, ITS ELECTED OFFICIALS, OFFICERS, AND EMPLOYEES P.O. BOX 1515 RED BLUFF, CA 96080	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/POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ENDORSEMENT NO. GSRMA-225
GOLDEN STATE RISK MANAGEMENT AUTHORITY

ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT

It is agreed that the "**Covered Party**, Covered Persons or Entities" section of the Policy is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

ADDITIONAL COVERED PARTY:

TEHAMA COUNTY, ITS ELECTED OFFICIALS, OFFICERS, AND EMPLOYEES
P.O. BOX 1515
RED BLUFF, CA 96080

AS RESPECTS:

SEE ATTACHMENT A

It is further agreed that nothing herein shall act to increase the Authority's limit of liability.

This endorsement is part of the Policy and takes effect on the effective date of the Policy unless another effective date is shown below. All other terms and conditions remain unchanged.

Effective Date: _____ Policy No.: JPA 0040
Issued To: COUNTY OF GLENN Issue Date: 06/28/2018



Authorized Representative
Golden State Risk Management Authority

GSRMA-225	AI	CERTIFICATE OF COVERAGE	06/29/2018
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<p>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</p>	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	

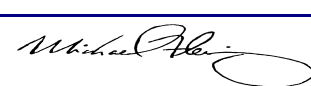
<p>MEMBER: Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706</p>	COVERAGE AFFORDED BY B - CSAC Excess Insurance Authority
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<p>GSRMA MEMBER: COUNTY OF GLENN</p>	COVERAGE AFFORDED BY C - National Union Fire Insurance Company of Pittsburgh, PA (AIG)
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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
A	WORKERS' COMPENSATION <input checked="" type="checkbox"/> WORKERS' COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	See attached for insurers policy numbers	07/01/2018	07/01/2019	\$ 300,000	WORKERS' COMPENSATION: Statutory EMPLOYERS LIABILITY: \$5,000,000
B	GENERAL LIABILITY <input checked="" type="checkbox"/> EXCESS GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <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
C	CRIME N/A	15909765	06/30/2018	06/30/2020	\$25,000	\$ 10,000,000 Per Occurrence \$ 5,000,000 Per Occurrence excess of \$10,000,000
B	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> FLOOD <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED) <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM INCLUDES EARTHQUAKE TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS ALL OTHER LIMITS ARE SHARED PER TOWER	EIA PPR18-21	03/31/2018	03/31/2019	\$ 5,000 \$ 25,000 \$10,000 PER POLICY \$ 5,000	\$25,000,000 PER OCC ALL RISK \$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD AUTO PHYS. DAMAGE DED. \$25,000,000 PER ACCIDENT BOILER & MACHINERY LIMIT EARTHQUAKE IS INCLUDED UP TO \$25,000,000 PER OCCURRENCE AND ANNUAL AGGREGATE SUBJECT TO A DEDUCTIBLE OF 5% OF TOTAL INSURABLE VALUES PER UNIT, PER OCCURRENCE, SUBJECT TO A \$100,000 MINIMUM PER OCCURRENCE

Description of Operations/Locations/Vehicles/Special Items:
 SEE ATTACHMENT A

<p>Certificate Holder TEHAMA COUNTY, ITS ELECTED OFFICIALS, OFFICERS, AND EMPLOYEES P.O. BOX 1515 RED BLUFF, CA 96080</p>	<p>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.</p> <p>AUTHORIZED REPRESENTATIVE </p> <p>CSAC EXCESS INSURANCE AUTHORITY</p>
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**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: \$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: \$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>

ENDORSEMENT NO. U-1
CSAC EXCESS INSURANCE AUTHORITY
GENERAL LIABILITY I

ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT

It is agreed that the "**Covered Party**, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

ADDITIONAL COVERED PARTY:

NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE

AS RESPECTS:

PER ATTACHED CERTIFICATE OF COVERAGE

It is further agreed that nothing herein shall act to increase the Authority's limit of liability.

This endorsement is part of the Memorandum of Coverage and takes effect on the effective date of the Memorandum of Coverage unless another effective date is shown below. All other terms and conditions remain unchanged.

Issued to: ALL MEMBERS

Memorandum No.: EIA 18 EL-00

Issue Date: June 25, 2018



Authorized Representative
CSAC Excess Insurance Authority

**GOLDEN STATE RISK MANAGEMENT AUTHORITY
COUNTY OF GLENN
ATTACHMENT "A"**

CERTIFICATE # GSRMA-225

06/29/18

**TEHAMA COUNTY, ITS ELECTED OFFICIALS, OFFICERS, AND EMPLOYEES
P.O. BOX 1515
RED BLUFF, CA 96080**

AS RESPECTS AGREEMENT BETWEEN GLENN COUNTY HRA AND TEHAMA COUNTY FOR PROVIDING CHILD WELFARE SERVICES/CASE MANAGEMENT.

TEHAMA COUNTY, ITS ELECTED OFFICIALS, OFFICERS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL COVERED PARTIES ON LIABILITY, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.

GLENN COUNTY HRA-SOCIAL SERVICES IS A DEPARTMENT OF GLENN COUNTY.