

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 1/1/2022
<b>PRODUCER</b>  Insurance Broker's Information (NAME & ADDRESS OF INSURER)	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 BY THE POLICIES BELOW.	
<b>INSURED</b>  Contractor's Information (NAME & ADDRESS FROM CSLB LICENSE)	<b>INSURERS AFFORDING COVERAGE</b>	
	INSURER A: Insurer Info	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	eff.	exp.	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	policy number	eff.	exp.	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	policy number	eff.	exp.	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		<b>OTHER</b>				

<-- Must have MINIMUM 'Code 1' Coverage (Any Auto or Equivalent)

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

The Association of Bay Area Governments (ABAG) and its member counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma), Pacific Gas & Electric Company (PG&E), and CLEAResult Consulting, Inc., their respective affiliates, subsidiaries, directors, officers, representatives, agents and employees are named as additional insureds\* with respect to liability arising out of or connected with the work performed by or for the contractor. Coverage is primary & noncontributory. <-- Wording MUST match for General Liability Certificates

<b>CERTIFICATE HOLDER</b>  Association of Bay Area Governments and its member counties c/o CLEAResult Consulting 180 Grand Ave, Suite 850 Oakland CA, 94612	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE Signature Required
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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SAMPLE

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 1/1/2022
PRODUCER  <b style="color: red;">Insurance Broker's Information (NAME &amp; ADDRESS OF INSURER)</b>	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 BY THE POLICIES BELOW.	
INSURED  <b style="color: red;">Contractor's Information (NAME &amp; ADDRESS FROM CSLB LICENSE)</b>	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Insurer Info	NAIC #
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INSURED  <b>Contractor's Information</b> (NAME & ADDRESS FROM CSLB LICENSE)	INSURERS AFFORDING COVERAGE INSURER A: Insurer Info INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #  NAIC #

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SAMPLE

**V. Insurance Requirements**

During the term hereof, Participating Contractor shall maintain the following minimum insurance coverage and limits of liability unless stated herein:

<b>Commercial General Liability</b>	\$1,000,000 aggregate and per event of bodily injury, property damage or personal injury or death.
<b>Business Automobile Liability</b>	\$1,000,000 combined single limit, including coverage over owned, non-owned and hired vehicles.
<b>Worker's Compensation</b>	In accordance with statutory minimums and California state and local requirements, but including no less than Employer's Liability of \$1,000,000 per event of injury or death each accident. If you have no employees, please provide a waiver for workers' compensation liability with your Contractor Application.
<b>Professional Liability, Errors, and Omissions</b>	Professional Liability insurance is not required. However, the contractor is encouraged to consider such coverage in consultation with the Contractor insurance broker.

- As part of the application to become a Participating Contractor, current certificates of insurance must be supplied with the following requirements:
1. Insured company name and address matches CSLB listing
  2. Coverage values as described in table above
  3. "Description of Operations" language matches the Program's requirements outlined below
  4. Certificate holder names and addresses as listed below

**Additional Insured Endorsement Certificates: ABAG and its member counties, PG&E, and CLEAResult Consulting, Inc:**

*Description of Operations* – "The Association of Bay Area Governments (ABAG) and its member counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma), Pacific Gas & Electric Company (PG&E), and CLEAResult Consulting, Inc. (CLEAResult), their respective affiliates, subsidiaries, directors, officers, representatives, agents and employees are named as additional insureds\* with respect to liability arising out of or connected with the work performed by or for the contractor. Coverage is primary & noncontributory."

\*In the event the Commercial General Liability policy includes a "blanket endorsement by contract," add the phrase "under a blanket endorsement."

**Additionally Insured Endorsement: The Certificate Holders are to be named as additional insured, using the addresses below:**

<p><b>Association of Bay Area Governments and its member counties</b>                  c/o CLEAResult Consulting                  180 Grand Ave, Suite 850                  Oakland, CA 94612                  Phone: (866) 878-6008                  Fax: (510) 269-2017</p>	<p><b>CLEAResult Consulting Inc.</b>                  c/o CLEAResult Consulting                  180 Grand Ave, Suite 850                  Oakland, CA 94612                  Phone: (866) 878-6008                  Fax: (510) 269-2017</p>	<p><b>Pacific Gas &amp; Electric Company</b>                  c/o CLEAResult Consulting                  180 Grand Ave, Suite 850                  Oakland, CA 94612                  Phone: (866) 878-6008                  Fax: (510) 269-2017</p>
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**Please provide a copy of this page (Section V – Insurance Requirements) to your insurance agent to ensure that the Insurance Certificates are completed and worded correctly.**