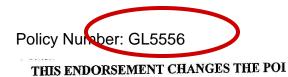
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	ONLY AN HOLDER.	ID CONFERS THIS CERTIFIC	NO RIGHTS UPC	TER OF INFORMATION ON THE CERTIFICATE AMEND, EXTEND OR THE POLICIES BELOW.
Phone: D =	INSURERS AFFORDING COVERAGE			NAIC#
INSURED) // \ U L L L	INSURER A:			
	INSURER B:		0.000	
2	INSURER C:	F 100 W		
	INSURER D:			
COVERAGES	INJURER E.			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED I POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OF	DOCUMENT WITHEREIN IS SUBJECT CLAIMS.	TH RESPECT TO Y	WHICH THIS CERTIF RMS, EXCLUSIONS	CATE MAY BE ISSUED OR
INSR ADD'L LTR INSRD TYPE OF INSURANCE POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD00011)	DATE (MM/DD/YYYY	and the same of th	LIMITS
A COMMERCIAL GENERAL LIABILITY CLAIMS MADE CUR GENERAL LIABILITY CLAIMS MADE CUR	11/1/2008	11/1/2009	EACH OCCO, RENCE DAMAGE TO PENTED PREMISES (Er occurre MED EXP (my one per PERSONAL & ADV INJ	on) \$ 10,000
Policy Number		'	:GAT	\$ 2,000,000
	Policy	•		AGG \$ 2,000,000
clearly visible and	•	ation C	oate 🖆	IT \$1,000,000
natches	current?			\$
endorsement?			BODILY INJURY (Per accident)	\$
GARAGE LIABILITY ANY AUTO	4		rance l e as co	
EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE	requirement?			
				3
DEDUCTIBLE		*		\$
RETENTION \$ WORKERS COMPENSATION			WC STATU- TORY LIMITS	OTH-
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$ 1,000,000
OFFICER/MEMBER EXCLUDED? [Mandatory in NH)	3/28/2008	3/28/2009	E.L. DISEASE - EA EMI	
If yes, describe under SPECIAL PROVISIONS below	D.		E.L. DISEASE - POLICY	1 1/1 1/1 1/1
A OTHER PROFESSIONAL	11/1/2008	11/1/2009	\$1,000,000	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEME!	NT / SPECIAL BECOME	IONS		
CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ELECTED AND APPOINTED BOARDS, OFFICIALS, OFFICERS, AGUNDER THE GENERAL LIABILITY COVERAGE AS REQUIRED BY C	AS FOLLOWS: SENTS, EMPLO CONTRACT WIT	CITY OF SAN YEES ARE ADD H THE NAMED	ED AS ADDITIO	NAL INSURED RESPECT TO
Garioonanon				
	CANCELLAT			
CERTIFICA wording amended?	ONOULD ANTO	THE ABOVE DESCRI		ELLED BEFORE THE EXPIRATION
CERTIFICA wording amended?	DATE THEREOF	THE ABOVE DESCRI		O MAIL 30 DAYS WRITTEN
	DATE THEREOF NOTICE TO THE	THE ABOVE DESCRI THE ISSUING INSUI CERTIFICATE HOLDI	RER WILL ENDOWNER R NAMED TO THE LEFT	O MAIL 30 DAYS WRITTEN
CERTIFICA wording amended? CITY OF SANTA CLARITA 23920 Valencia Blvd., Suite 300	DATE THEREOF NOTICE TO THE	THE ABOVE DESCRI THE ISSUING INSUI CERTIFICATE HOLDI	RER WILL ENDOWNER R NAMED TO THE LEFT	O MAIL 30 DAYS WRITTEN



Policy Number on the endorsement match the insurance certificate?

ADDITIONAL INSURED---OWNERS, LESSEES OR CONTRACTORS (FORM B)

COMMERAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

This endorsement modifies insurance provided under the following:

Name of Person or Organization:

City of Santa Clarita 23920 Valencia Blvd. Santa Clarita, CA 91355

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" or premises owned or rented by



THIS ENDOWSEMEN CHANGES THE POLICY, PLEASE READ IT CANFFULLY.

PRIMARY AND NON CONTRIBUTORY CLAUSE ENDORSEMENT

This endorsement medifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY PART

It is agreed that insurance provided by any additional insured endorsement is primary coverage. We will not seek contribution from any other insurer when insurance on a non-contributing basis is required by contract.

Stated as Primary and Non-contributory?



Have you provided 2 copies in the contract packet?

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CG-F-65 (08-03)

Policy Number:

GL5556