

San Bernardino County
Flood Control Operations Division – Permit Section

825 East Third Street, Room 108
San Bernardino, CA 92415-0835
(909) 387-7995 – FAX (909) 387-8043

CERTIFICATE OF INSURANCE

NOTE TO PERMITTEE: This form shall be completed by your insurance company. Mail completed form to San Bernardino County Flood Control District, Flood Control Permit Section, 825 East Third Street, San Bernardino, CA 92415-0835.

In accordance with permit requirements, the undersigned does hereby represent to the San Bernardino County Flood Control District and the County of San Bernardino the following policy or policies to _____ fully complies with the following Flood Control District Insurance requirements. (name of insured)

- ◆ **PUBLIC LIABILITY AND PROPERTY DAMAGE** – The limits of liability in the Public Liability and Property Damage policy or policies covering all operations performed under Permit No. FCCON-_____ shall not be less than \$1,000,000 per occurrence.

<u>Type of Insurance</u>	<u>Company & Policy No.</u>	<u>Exp. Date</u>	<u>Limits of Liability</u>
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The listed insurance company must provide the following

Certificate of Insurance evidencing that insurance coverage is valid for at least one (1) calendar year from the date of the permit.

Rating Certificate or Rating Certification Letter evidencing a rating equivalent to or superior to AM BEST VII/A-.

Documentation of authorization by the CA State Insurance Commissioner to transact business of insurance in the State of California as a California Admitted Company.

- ◆ **ENDORSEMENT NAMING ADDITIONAL INSURED** – Both **San Bernardino County Flood Control District** AND **County of San Bernardino**, and their elected officials, employees, agents, and volunteers are hereby named as additional insured with respect to liabilities arising out of operations under of Permit No. FCCON-_____. Inclusion herein of any person or organization as an additional insured shall not affect any right which such person or organization would have as a claimant if not so included.

This insurance shall be primary insurance with respects to the San Bernardino County Flood Control District and County of San Bernardino.

- ◆ **30-DAY WRITTEN NOTICE OF CANCELLATION, 10-DAY FOR NON-PAYMENT** - Policy shall state that 30-days prior written notice of cancellation, change or expiration and 10-days for non-payment shall be given to the San Bernardino County Flood Control District, Flood Control Permit Section, 825 East Third Street, San Bernardino, CA 92415-0835.

Insurance Company: _____

By: _____
Insurance Company Authorized Agent (Signature)

Date

Agent's Address: _____

Agent's Phone: _____

Permit No. FCCON-_____
File _____