

CERTIFICATE OF INSURANCE

1067360

ISSUE DATE (MM/DD/YY)

10/07/04

Insurance Group, Inc.

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.

COMPANIES AFFORDING COVERAGE

INSURED	COMPANY LETTER A ASSURANCE COMPA
	COMPANY LETTER B
	COMPANY LETTER C

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)														
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/> _____	C0566248800	12:01AM 1/01/04	12:01AM 1/01/05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$ NONE</td></tr> <tr><td>Products-Comp/Ops Aggregate</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Personal & Advertising Injury</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$ 5</td></tr> <tr><td>Participant Legal Liability</td><td style="text-align: right;">\$ 1000</td></tr> </table>	General Aggregate	\$ NONE	Products-Comp/Ops Aggregate	\$ 1000	Personal & Advertising Injury	\$ 1000	Each Occurrence	\$ 1000	Fire Damage (Any one fire)	\$ 300	Medical Expense (Any one person)	\$ 5	Participant Legal Liability	\$ 1000
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	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit	\$	Bodily Injury (per person)	\$	Bodily Injury (per accident)	\$	Property Damage	\$						
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	Excess Liability <input type="checkbox"/> Other than Umbrella form				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Each Occurrence</td><td style="text-align: center;">Aggregate</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	Aggregate	\$	\$										
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	Workers' Compensation and Employers' Liability				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Statutory</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Each Accident</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Policy Limit</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Each Employee</td></tr> </table>	Statutory		\$	Each Accident	\$	Disease-Policy Limit	\$	Disease-Each Employee						
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	Participant Accident				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AD&D</td><td style="text-align: right;">\$</td></tr> <tr><td>Primary Medical</td><td style="text-align: right;">\$</td></tr> <tr><td>Excess Medical</td><td style="text-align: right;">\$</td></tr> <tr><td>Weekly Indemnity</td><td style="text-align: right;">\$ X</td></tr> </table>	AD&D	\$	Primary Medical	\$	Excess Medical	\$	Weekly Indemnity	\$ X						
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SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED AS RESPECTS IN SAN MATEO, CA, ON BUT ONLY WITH RESPECTS TO THE LIABILITY ARISING OUT OF THE NAMED INSURED'S OPERATIONS.

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
 Parks Department
 455 County Center, 4th Floor
 Redwood City, CA 94063
 ATTN: Scientific Permit

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 CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE