

ABAG PLAN Corporation
CERTIFICATE OF COVERAGE

ISSUE DATE (MM/DD/YY)

BROKER: DRIVER RISK SERVICES
600 MONTGOMERY ST., 9th FLOOR
SAN FRANCISCO, CA 94111-2933
415/403-1400

PROVIDER: ABAG PLAN CORPORATION
P. O. BOX 2050
OAKLAND, CA 94604-2050
510/464-7969

Covered Party:

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

- COMPANY
A ABAG PLAN Corporation
 COMPANY
B Ins. Co. Of The State of Pennsylvania
 COMPANY
C Lexington Insurance Company

THIS IS TO CERTIFY THAT COVERAGE AGREEMENTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENTS.

CO LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMIT		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	GAL 2005-06	7/01/2005	07/01/2006	Combined Single Limit (CSL)	\$5,000,000	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM						
	<input checked="" type="checkbox"/> PRODUCT/ COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> PREMISES / OPERATIONS						
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	<input checked="" type="checkbox"/> CONTRACTUAL						
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE							
A	AUTOMOBILE LIABILITY	GAL 2005-06	7/01/2005	7/01/2006	Combined Single Limit (CSL)	\$5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTO						
	<input checked="" type="checkbox"/> RENTAL / LEASE AUTO						
	<input checked="" type="checkbox"/> NON- OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY							
B	Excess General & Auto Liability	4704-1811	7/01/2005	07/01/2006	CSL	\$5,000,000	\$5,000,000
	Public Official's E&O				E & O	\$5,000,000	
C	PROPERTY INSURANCE	RKM103900343	7/01/2005	7/01/2006	CSL	\$750,000,000 <i>(per schedule)</i>	
	<input checked="" type="checkbox"/> PROPERTY / ALL RISK						
	<input checked="" type="checkbox"/> BOILER & MACHINERY						

DESCRIPTION: General liability includes Personal Injury and Public Officials' Errors and Omissions Liability. This Certificate is issued as proof of the above-named Covered Party is an active member and in good standing with coverage as indicated above.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENTS BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE PROVIDER/PROVIDEE WILL ENDEAVOR TO MAIL 30-DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. HOWEVER, FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



MARCUS BEVERLY, Risk Manager & Secretary
ABAG PLAN Corporation

ASSOCIATION OF BAY AREA GOVERNMENTS

 **ABAG PLAN Corporation**
P.O. Box 2050
Oakland, California 94604-2050
(510) 464-7969

ADDITIONAL COVERED PARTY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE CONTRACT
Please read it carefully!

Endorsement Effective:

Entity:

Additional Covered Party:

Description of Operations or Facilities:

The definition of **Covered Party** is amended to include any person or organization the Entity is contractually obligated to include as an additional insured, and for which a certificate of insurance has been issued evidencing such status and which is on file with ABAG PLAN Corp., with respect to **Bodily Injury, Personal Injury and Property Damage** arising out of the **Entity's** operations or premises owned by or rented to the **Entity**. The insurance provided to the additional Covered Party does not apply to any liability occurring after those operations or use of premises have ceased. Coverage applies only to the vicarious liability of the Additional Covered Party for operations or services described in the contract with the **Entity**.

The inclusion of more than one **Covered Party** under this policy shall not operate to impair the rights of one **Covered Party** against another **Covered Party** and the coverages afforded by this policy shall apply as though separate policies had been issued to each **Covered Party**. The inclusion of more than one **Covered Party** shall not, however, operate to increase the limit of ABAG PLAN Corp.'s liability.

If required by contract, any insurance carried by a certificate holder which may be applicable shall be deemed excess and the **Entity's** coverage primary notwithstanding any conflicting provisions in the **Entity's** policy to the contrary.

A certificate holder shall not, by reason of their inclusion under this policy, incur liability for payment of premium for this policy.

In the event of reduction in coverage or cancellation of this insurance, we agree to mail thirty (30) days (ten [10] days for non-payment of premium) advance notice of such reduction or cancellation to each entity added as per certificates on file with ABAG PLAN Corp. which specify that a written contract exists and requires that the certificate holder be an additional insured.

All other terms and conditions in the policy remain unchanged.



Authorized Signature: _____

Date: _____

Marcus Beverly, Risk Manager & Secretary

 **ABAG PLAN Corporation**