

ABAG PLAN CORPORATION
CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

BROKER: DRIVER RISK SERVICES
500 WASHINGTON STREET
SAN FRANCISCO, CA 94111-2933
(415)371-5400

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

INSURED:

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 INSUR. CO. OF THE STATE OF PENNSYLVANIA
 COMPANY
C
 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 IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	ABAG PLAN 2002/03	7/01/2002	7/01/2003	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	ABAG PLAN 2002/03	7/01/2002	7/01/2003	COMBINED Single Limit (CSL)	\$5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTO (PRIVATE PASSENGER)						
	<input checked="" type="checkbox"/> RENTAL / LEASE AUTO						
	<input checked="" type="checkbox"/> NON- OWNED AUTOS						
	<input checked="" type="checkbox"/> ALL OWNED AUTO (OTHER THAN PRIV PASS.)						
<input type="checkbox"/> GARAGE LIABILITY							
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	47023712	7/01/2002	7/01/2003	CSL	\$5,000,000	

DESCRIPTION: General liability insurance includes Public Officials' Errors and Omissions. This Certificate is issued as Proof of Insurance with regard to confirming that insured named above is an active member and in good standing with coverage as indicated above.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENTS BE CANCELED 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, CPCU, AIC - RISK MANAGER

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.

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.

Any other insurance carried by a certificate holder which may be applicable shall be deemed excess and the **Entity's** insurance 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

 **ABAG PLAN Corporation**