CERT	IFICATE NO.				ISSUE	DATE (MM/DD/YYYY)	
	GSRMA-02 CO CERTI	FICAT	TE OF CO	VERAGE		06/29/2018	
Primary Insurance Provided by Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706 GSRMA MEMBER:			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY ON REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
			IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).				
			COVERAGE AFFORDED BY A - Golden State Risk Management Authority				
ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT PO BOX 634 ALBION, CA 95410			COVERAGE AFFORDED BY B -				
			COVERAGE AFFORDED BY C -				
		C	COVERAGE AFFORDED BY D -				
THI PER THI	rages S IS TO CERTIFY THAT THE MEMORANDUMS OF COVE RIOD INDICATED, NOTWITHSTANDING ANY REQUIREN S CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE E TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH N	MENT, TERM O HE COVERAG	OR CONDITION OF ALL SE AFFORDED BY TH	NY CONTRACT OR C E MEMORANDUMS/	THER DOCUMENT POLICIES DESCRIB	WITH RESPECT TO WHICH ED HEREIN IS SUBJECT TO A	
ENT	TYPE OF COVERAGE	POLICY#	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	MEMBER'S SELF- INSURED RETENTION/ DEDUCTIBLE	LIMITS	
A	WORKERS' COMPENSATION X WORKERS' COMPENSATION X EMPLOYERS' LIABILITY	JPA 0040	07/01/2018	07/01/2019	\$0	WORKERS' COMPENSATION: \$ 300,00 EMPLOYERS LIABILITY: \$ 300,00	
A	GENERAL LIABILITY X GENERAL LIABILITY CLAIMS MADE X OCCURRENCE	JPA 0040	07/01/2018	07/01/2019	\$0	\$ 250,000	
A	AUTOMOBILE LIABILITY X ANY AUTO	JPA 0040	07/01/2018	07/01/2019	\$0	\$ 250,000	
A	CRIME X EMPLOYEE THEFT-PER LOSS X DEPOSITORS FORGERY OR ALTERATION X THEFT, DISAPPEARANCE AND DESTRUCTION X COMPUTER AND FUNDS TRANSFER FRAUD	JPA 0040	07/01/2018	07/01/2019	\$ 2,500	\$ 25,000	
A	PROPERTY X ALL RISK X AUTO PHYSICAL DAMAGE X BOILER AND MACHINERY X TERRORISM	JPA 0040	07/01/2018	07/01/2019	\$ 1,000 \$ 25,000 \$ 250 Comp \$ 500 Coll \$ 1,000	ALL RISK: \$5,01 FLOOD: \$25,01 AUTO (ACV): \$10,01 AUTO (RCV): PER POLIT BOILER AND MACHINERY: \$5,01	
	pription of Operations/Locations/Vehicles/SpeciesPECTS EVIDENCE OF COVERAGE ONLY.	ial Items:				EIVED 1 1 2019	
Cer	tificate Holder		Cancellation				
FC C/	OR THE PURPOSE OF EVIDENCE ONLY O ALBION-LITTLE RIVER FIRE PROTECTION	N DISTRIC	T CANCELLED BEFOR	RE THE EXPIRATION DA H THE MEMORANDUMS	TE THEREOF, NOTICE		
	O. BOX 634 BION, CA 95410		AUTHORIZED REPR	ESENTATIVE			

CERTIFICATE NO GSRMA-02 CO CERTIFICATE OF COVERAGE 06/29/2018 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING CSAC Excess INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER Insurance Authority IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). C/O ALLIANT INSURANCE SERVICES, INC. P.O. BOX 6450 NEWPORT BEACH, CA 92658-6450 A - See attached schedule of insurers COVERAGE PHONE (949) 756-0271 / FAX (619) 699-0901 AFFORDED BY LICENSE #0C36861 MEMBER: COVERAGE B - CSAC Excess Insurance Authority Golden State Risk Management Authority AFFORDED BY P.O. Box 706 Willows, CA 95988-0706 **GSRMA MEMBER:** COVERAGE - National Union Fire Insurance Company of ALBION-LITTLE RIVER FIRE PROTECTION AFFORDED BY Pittsburgh, PA (AIG) DISTRICT Coverages THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER 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 MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COVERAGE EXPIRATION DATE COVERAGE MEMBER'S SELF-SURED RETENTION/ DEDUCTIBLE ENT MEMORANDUM # TYPE OF COVERAGE LIMITS FFECTIVE DATE (MM/DD/YYYY) /POLICIES (MM/DD/YYYY) WORKERS' COMPENSATION: WORKERS' COMPENSATION See attached for A X WORKERS' COMPENSATION insurers policy 07/01/2018 07/01/2019 \$ 300,000 EMPLOYERS LIABILITY: X EMPLOYERS' LIABILITY numbers \$5,000,000 GENERAL LIABILITY Difference between EIA-PE 18 FL-63 07/01/2018 07/01/2019 \$ 250,000 X EXCESS GENERAL LIABILITY \$1,000,000 CLAIMS MADE X OCCURRENCE and the Member's Self-Insured B **AUTOMOBILE LIABILITY** Difference between **EIA-PE 18 EL-63** 07/01/2018 \$ 250,000 07/01/2019 X ANY AUTO \$1,000,000 B X HIRED AUTO and the Member's Self-Insured X NON-OWNED AUTO Retention X GARAGE LIABILITY \$ 10,000,000 Per Occurrence CRIME 15909765 06/30/2018 06/30/2020 \$25,000 C \$ 5,000,000 Per Occurrence excess of \$10,000,000 **PROPERTY** \$25,000,000 PER OCC ALL RISK \$ 5.000 **EIA PPR19-21** 03/31/2019 03/31/2020 X ALL RISK \$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD \$ 25,000 FLOOD X AUTO PHYSICAL DAMAGE \$10,000 AUTO PHYS. DAMAGE DED. В (ONLY IF SCHEDULED) PER POLICY X BOILER AND MACHINERY \$25,000,000 PER ACCIDENT BOILER & MACHINERY LIMIT \$5,000 X TERRORISM TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS ALL OTHER LIMITS ARE SHARED PER TOWER Description of Operations/Locations/Vehicles/Special Items: AS RESPECTS EVIDENCE OF COVERAGE ONLY RECEIVED APR 1 1 2019 BY:_

Certificate Holder FOR THE PURPOSE OF EVIDENCE ONLY C/O ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT P.O. BOX 634 ALBION, CA 95410

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WIL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

Michael Alle

AUTHORIZED REPRESENTATIVE

CSAC EXCESS INSURANCE AUTHORITY

CSAC EXCESS INSURANCE AUTHORITY EXCESS WORKERS' COMPENSATION PROGRAM 2019/2020 SCHEDULE OF INSURERS-GSRMA ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT

PROVIDER	MEMORANDUM / POLICY NUMBER	LIMIT
CSAC Excess Insurance Authority	EIA-PE 18 EWC-02	Workers' Compensation: \$50,000,000 each accident/each employee for disease
		(Difference between \$50,000,000 and the individual member's retention)
		Employers' Liability:
		\$5,000,000 each accident/each employee for disease
		(Difference between \$5,000,000 and the individual member's retention)
Liberty Insurance Corporation	EW7-64N-444785-018	Statutory each accident/each employee for disease excess of \$50,000,000

RECEIVED

APR 1 1 2019

BY:____