

## **FIRE PROTECTION SERVICE AGREEMENT**

**PARTIES: COUNTY OF TULARE**

**And**

**STRATHMORE FIRE PROTECTION DISTRICT**

This Fire Protection Agreement (Agreement) is made by and between the County of Tulare (County) and the Strathmore Fire Protection District (SFPD) and cumulatively referred to as the Parties.

The terms recited herein reflect the full and complete agreement of the Parties. The Agreement shall be in effect on the date signed below. Should the Agreement conflict with any other agreement made between the Parties, the Agreement will be given effect. The Parties acknowledge there are no other agreements or understandings regarding the terms addressed herein beyond the four corners of this instrument.

### **DEFINITIONS**

Fire Prevention Services: Those planning, code enforcement, investigation, and fire prevention education activities which lead to a reduction of unwanted fire starts and provide for improved fire and life safety business practices.

Fire Suppression Services: Those activities which directly relate to, and impact the control and extinguishment of unwanted fires. These services include but are not limited to twenty-four hour emergency dispatching, twenty-four hour Command Officer coverage, professional development training of the Fire Captains, Fire Lieutenants, Engineers and Firefighters. Firefighter recruits complete an 80 hour academy style training class to become emergency response qualified. Monthly Fire Company Drills, annual refresher training in HazMat, First Aid, Engine Driver/Operator and quarterly multi-company drills.

Emergency Responses: Those emergency service requests which are generally threatening to the public's safety, including but not limited to, structure, vehicle, vegetation and all other fires, technical and confined space rescues, vehicle accidents and medical aids, including canceled fire calls and false alarms.

Fire Department Standard Response Plan: (Attachment A) That document which identifies the fire department equipment commitment of fire apparatus to any given type of emergency reported to and dispatched by the Tulare County Fire Department.

Mutual Aid: Mutual aid is defined as the provision of resources (personnel, apparatus and equipment) to a requesting party already engaged in emergency operations, which have exhausted or will shortly exhaust the local jurisdiction resources.

### **GENERAL OVERVIEW**

1. The County and SFPD agree that the County is to be and will be the service provider under the Agreement for all services providing and supplying all fire prevention services, fire suppression services, and emergency responses within the SFPD district boundaries for the term of the Agreement.
2. The County will coordinate and control the SFPD equipment and facilities located and housed at the Strathmore Fire Station (22908 Avenue 196, Strathmore, Calif.) to provide the primary response in SFPD's District according to the terms recited herein.
3. The Parties state that all officers, officials, employees and agents of the County and the SFPD staff and Extra Help Firefighters (EHF's) will endeavor to cooperate and assist one another in their efforts to facilitate the implementation of the Agreement.
4. The Agreement is authorized by and subject to the constraints of California Government Code, §55600 et seq.

### **DIRECTIVE TERMS**

5. The County, under the direction and control of the County Fire Chief, is responsible to direct and coordinate all fire prevention, fire suppression, and emergency fire response and rescue services within the SFPD boundaries for all periods of the Agreement under the terms in the Agreement.
  - a.) Commensurate with the equipment and personnel levels of SFPD, the County will endeavor to first task SFPD assets and SFPD EHF's for emergency fire services within SFPD's boundaries.
  - b.) The County will direct all assets under its control, as defined by the Tulare County Fire Department Standard Response Plan (Exhibit A), to perform the duties of fire prevention, fire suppression, and emergency fire response within the District boundaries according to the established County policies.
  - c.) The County will use County personnel, staff, equipment and facilities to provide the described services and may use, as it deems prudent, SFPD EHF's.
6. The County will maintain and staff the Strathmore Fire Station located at 22906 Avenue 196, Strathmore, California as a regular Station for all periods of this Agreement and all Parties to this Agreement will cooperate in the joint housing and operation of the Station.
7. If the County should task SFPD assets outside the District boundaries, it shall:
  - a.) Task other assets to respond to emergencies inside the District while SFPD equipment and/or EHF's are operating outside its boundaries, and

- b.) Direct other available assets to relieve the SFPD assets as soon as plausible, and
- c.) The final authority for releasing resources assigned to an emergency event shall rest with the Incident Commander assigned the incident management responsibilities.

8. SFPD will provide the use of the SFPD Fire Station in Strathmore, California and its related Engine Fire Equipment to the supervision and control of the County Fire Chief at no charge. The SFPD Fire Engine(s) and fire equipment will be assigned to and housed at the Strathmore Fire Station subject to the administration and control of the County Fire Chief.

### **STRATEGIC & ORGANIZATIONAL TERMS**

9. SFPD is a Fire Protection District subject to the oversight and management of its Board of Commissioners. The Board of Commissioners will publish guidance and policies in consultation with the County Fire Chief to manage and oversee fire services and operations within the District.

10. The County will provide the required services and enforcement of State and County statutes and ordinances as are ordinarily enforced by the County Fire Chief in the County. In the event of an operational, personnel or other performance conflict, the decision of the County Fire Chief shall be final.

11. No officers, agents or employees of the County shall be deemed to be SFPD employees or have any SFPD pension, civil service, or any status or right with regard to the SFPD.

12. SFPD, to the extent permitted by law, agrees to indemnify, defend, and hold harmless the County, its officers, agents, and employees from and against any and all claims and losses whatsoever accruing or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with activities pursuant to any provision of the Agreement. This indemnification obligation shall continue beyond the term of the Agreement as to any acts or omissions occurring under the Agreement of any extension of the Agreement.

13. The County, to the extent permitted by law, agrees to indemnify, defend, and hold harmless SFPD, its officers, agents, and employees from and against any and all claims and losses whatsoever accruing or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with activities pursuant to any provision of the Agreement. This indemnification obligation shall continue beyond the term of the Agreement as to any acts or omissions occurring under the Agreement of any extension of the Agreement.

**14.** SFPD, to the extent permitted by law, further agrees to indemnify, defend and hold harmless, the County, its officers, agents, and employees from any and all claims and losses accruing or resulting to any person, firm, or corporation for damage, injury, or death, arising out of or connected with the County's performance, failure to perform, or omission of, any act, duty, or work contemplated within the scope of the Agreement, except those arising from the sole negligent or willful misconduct attributable to the County or from acts not within the scope of duties to be performed pursuant to the Agreement. This indemnification obligation shall continue beyond the term of the Agreement as to any acts or omissions occurring under the Agreement or any extension of the Agreement.

**15.** The County, to the extent permitted by law, further agrees to indemnify, defend and hold harmless SFPD, its officers, agents, and employees from any and all claims and losses accruing or resulting to any person, firm, or corporation for damage, injury, or death, arising out of or connected with SFPD's performance, failure to perform, or omission of, any act, duty, or work contemplated within the scope of the Agreement, except those arising from the sole negligence or willful misconduct attributable to SFPD or from acts not within the scope of duties to be performed pursuant to the Agreement. This indemnification obligation shall continue beyond the term of the Agreement as to any acts or omissions occurring under the Agreement or any extension of the Agreement.

**16.** SFPD agrees to provide a certificate of self-insurance in a form acceptable to the County if SFPD elects to be self-insured, in whole or in part, for any or all losses. Said certificate must be executed by a duly authorized officer of SFPD, and a true copy attached hereto as a part of the Agreement. If commercially insured, a certificate of such coverage, executed by the insurer (or authorized representative), will be provided and attached hereto. Such insurance will provide a coverage level of at least \$1,000,000, combined single limit.

**17.** The County is "self-insured" for all its activities contemplated under the Agreement.

**18.** It is acknowledged that SFPD is comprised of board members, a secretary, and may have its own EHF's. All SFPD personnel are to be treated and considered as County employees to the extent required by law for pay purposes when tasked by the County for fire services.

**a.)** When tasked by the County and when acting under the direction of the County Fire Chief or his/her representative for fire protection or other fire related services, the County shall pay those SFPD employees utilized and will pay according to the current County pay scale for commensurate job position(s) and responsibilities.

**b.)** When SFPD employees are tasked by SFPD and acting under the direct supervision of the SFPD board of directors, the County will pay the employees. In turn, SFPD will reimburse the County for such payments to SFPD employees and the SFPD EHF's based on the cost apportionment shown in Exhibit B and attached hereto.

c.) The Fire Chief, or his/her representative, will maintain timekeeping records for all EHF's while in training, on call for emergencies, or other fire station or County required activities.

19. The County will make available its purchasing services for the equipment and any other SFPD's fire related equipment and supplies as requested by the SFPD Board. The County will seek approval from the SFPD Board before making significant purchases (excluding emergency facility repairs) over \$500 in the event the Board does not request the purchase. SFPD agrees to reimburse the County for purchases upon proper billing by the County.

20. The County may use its assets and personnel to perform maintenance or repairs on SFPD assets or equipment in the event the assets or equipment present safety hazards or cannot accomplish its purpose. Wherever possible, before performing such repairs or maintenance, SFPD Directors should be advised of the repair. In turn, SFPD will be responsible for all maintenance, repairs and operations costs associated with the SFPD assets and equipment.

#### **CONSIDERATION, TERM & RENEWAL**

21. To compensate the County for the services provided, upon execution of the Agreement, SFPD will donate the Patrol (a vehicle ordered from Rosenbauer Firefighting Technology on Nov. 23, 2009 and purchased by SFPD) to the County subject to the following:

- a.) SFPD's donation of the Patrol will be full and complete payment for all services under the Agreement for a period of 15 years from the date of execution by the Parties.
- b.) The Patrol will be outfitted and configured under the supervision of the County Fire Chief and will utilize as much of the SFPD equipment and compliment as possible.
- c.) The Patrol will be donated on the date the Agreement is fully executed by both Parties.

22. The Agreement is a 1 year contract with provisions for automatic renewals. The anniversary date is the last day of the month, 11 months after the full execution by the Parties hereupon. The Agreement will automatically renew for subsequent years (1 year term) on the anniversary subject to the following:

- a.) The first 12 month term of the Agreement will be a 'Trial Term'. In the event the Agreement is not renewed following the Trial Term, the County will be released from its duties under the Agreement, and the Patrol will be returned to SFPD. If the Agreement is not renewed after the Trial Term, there will be no payments due or made for the services rendered in the Trial Term and the County will no longer required to be the primary fire service provider within the SFPD boundaries.
- b.) During each Contract term, the Parties will meet and confer periodically to discuss the conduct and administration of the services provided by the County and the County Fire Chief. Specifically, the Parties will meet and confer in the months before the

anniversary date, to determine whether there is need to amend or add to the terms pending the renewal of the Agreement.

c.) The Parties intend to renew, amend and renew, or terminate the Contract on each anniversary date including and following the Trial Term.

d.) In the event the Contract is not renewed after the Trial Term but within the 15 year term when payment was provided by the donation of the Patrol, the Patrol will be subject to return to SFPD subject to the determination of the SFPD Board. If returned, SFPD will be subject to pay the County for services provided at the rate of \$18,000 per year. Alternatively, if SFPD resolves not to accept the Patrol back, any amount due would be the \$18,000 annual charge for services provided less the fair market value of the Patrol and the SFPD apparatus on the Patrol that would be included.

e.) If returned, the Patrol will be in returned to the same condition as it was upon its donation acknowledging fair wear and tear, at no cost to SFPD and including any SFPD equipment and compliment remaining on the vehicle. During the period(s) of the Agreement, any SFPD equipment removed from the Patrol will be returned to SFPD.

f.) After the 15 years of service under this Agreement, there is no power by SFPD to demand return of the Patrol.

23. Each Party shall have the right to terminate the Agreement upon the default of the other. Such termination is effective 30 days after written notice to the defaulting Party and upon the failure of the defaulting Party to remedy a significant breach of the terms of the Agreement.

### **CONCLUDING PROVISIONS**

24. The Agreement is the product of the Parties' mutual negotiation efforts. The provisions of California Civil Code §654 shall not apply to address and interpret any uncertainty.

a.) Unless set forth specifically, the Parties do not intend to provide any other Party with any benefit or enforceable legal or equitable right or remedy.

b.) The failure of either Party to insist on strict compliance with any provisions of the Agreement shall not be considered a waiver of any right to do so, whether for that breach or any subsequent breach. The acceptance by either Party of either performance or payment shall not be considered to be a waiver of any preceding breach of the Agreement by the other Party.

c.) The recitals and exhibits of the Agreement are all fully incorporated into and are integral parts of the Agreement.

25. The Agreement is subject to all applicable laws and regulations. If any provision of the Agreement is found by any court or other legal authority, or is agreed by the Parties to be in conflict with any code or regulation governing its subject, the conflicting provision shall be considered null and void. If the effect of nullifying any conflicting provision is such that a material benefit of the Agreement to either Party is lost, the Agreement may be terminated at the

option of the affected Party. In all other cases, the remainder of the Agreement shall continue in full force and effect.

- a.) Each Party agrees to execute any additional documents and to perform any further acts which may be reasonably required to affect the purpose of the Agreement.
- b.) SFPD expressly agrees not to discriminate in employment or in the provision of services on the basis of any characteristic or condition upon which discrimination is prohibited by State or Federal law or regulation.
- c.) No part of the Agreement may be assigned or sub-contracted by either Party without the written consent of the other Party.

26. Any notice to be given under the terms herein will be written and served either by personal delivery or by first class mail, postage paid and properly addressed to:

COUNTY:

Tulare County Board of Supervisors  
C/O County Administrative Officer  
County Civic Center  
2800 West Burrel  
Visalia, CA 93291

STRATHMORE FIRE PROTECTION

DISTRICT:

Strathmore Fire Protection District  
Board of Commissioners  
Post Office Box 344  
Strathmore, CA 93267

**EXECUTION**

The Parties, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

**COUNTY OF TULARE**

Date: \_\_\_\_\_

By:

\_\_\_\_\_  
Chairman, Board of Supervisors

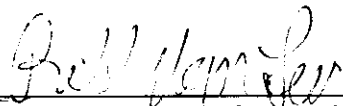
ATTEST: Jean M. Rousseau  
County Administrative Officer/Clerk of the Board  
of Supervisors of the County of Tulare  
By:

\_\_\_\_\_  
Deputy Clerk

STRATHMORE FIRE PROTECTION DISTRICT

Date: 11/8/10

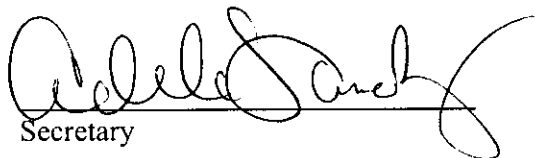
By:

  
Chairman, Board of Commissioners

ATTEST: Adele Sanchez

Secretary to the Strathmore Fire Protection District

Date: 11/8/10

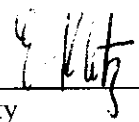
  
Secretary

APPROVED AS TO FORM

Tulare County Counsel

Date: 11/10/10

By:

  
Deputy

R. AFS  
20101438





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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 BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE 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, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		559-562-2527  559-562-2273	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL:</b> <b>ADDRESS:</b> <b>PRODUCER</b> <b>CUSTOMER ID #:</b> STRAT-6	<b>FAX</b> (A/C, No):
<b>INSURED</b> Strathmore Public Utl District P.O. Box 425 Strathmore, CA 93267			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Alternative Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDE INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE	\$ 1,000,000	
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000						
		MED EXP (Any one person)	\$ 10,000						
		PERSONAL & ADV INJURY	\$ 1,000,000						
		GENERAL AGGREGATE	\$ 3,000,000						
		PRODUCTS - COMP/OP AGG	\$ 3,000,000						
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$							BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
									\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							WC STATU-TORY LIMITS	OTH-ER
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
House account



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DATE (MM/DD/YYYY)

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>	<b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> <b>STRAT-6</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> <b>Strathmore Public Utl District</b> <b>P.O. Box 425</b> <b>Strathmore, CA 93267</b>				<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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A	GENERAL LIABILITY			GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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<b>INSURED</b> <b>Strathmore Public Utl District</b> <b>P.O. Box 425</b> <b>Strathmore, CA 93267</b>			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
			<b>NAIC #</b>	

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A	<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b>		GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ <b>10,000</b>
						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
						GENERAL AGGREGATE \$ <b>3,000,000</b>
						PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<b>DEDUCTIBLE</b>					
	<b>RETENTION \$</b>					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
House account



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>  <b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #: STRAT-6</b>
<b>INSURED</b> Strathmore Public Utl District P.O. Box 425 Strathmore, CA 93267		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

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AUTHORIZED REPRESENTATIVE  
House account

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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>  <b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> ADDRESS: <b>PRODUCER</b> CUSTOMER ID #: <b>STRAT-6</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> <b>Strathmore Public Utl District</b> <b>P.O. Box 425</b> <b>Strathmore, CA 93267</b>			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<b>DEDUCTIBLE</b>						\$
	<b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

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AUTHORIZED REPRESENTATIVE  
House account

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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>  <b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> <b>STRAT-6</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> <b>Strathmore Public Utl District</b> <b>P.O. Box 425</b> <b>Strathmore, CA 93267</b>			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			<b>GPPA-PF-6052996-00</b>	<b>11/01/10</b>	<b>11/01/11</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>					
		MED EXP (Any one person) \$ <b>10,000</b>					
		PERSONAL & ADV INJURY \$ <b>1,000,000</b>					
		GENERAL AGGREGATE \$ <b>3,000,000</b>					
	PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>						\$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare Clerk of the Board 2800 W. Burrel Visalia, CA 93291	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE House account

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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>  <b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL:</b> <b>ADDRESS:</b> <b>PRODUCER CUSTOMER ID #: STRAT-6</b>
<b>INSURED</b> Strathmore Public Utl District P.O. Box 425 Strathmore, CA 93267		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
House account

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# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		559-562-2527 559-562-2273	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> STRAT-6	<b>FAX</b> (A/C, No):
<b>INSURED</b> Strathmore Public Utl District P.O. Box 425 Strathmore, CA 93267			<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : American Alternative Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COM/POP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<b>DEDUCTIBLE</b>					\$
	<b>RETENTION \$</b>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

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AUTHORIZED REPRESENTATIVE  
House account





# CERTIFICATE OF LIABILITY INSURANCE

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01/04/11

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account		<b>559-562-2527</b>  <b>559-562-2273</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> <b>STRAT-6</b>	<b>FAX</b> (A/C, No):
<b>INSURED</b> <b>Strathmore Public Utl District</b> <b>P.O. Box 425</b> <b>Strathmore, CA 93267</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : American Alternative Ins Co</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

County of Tulare  
Clerk of the Board  
2800 W. Burrel  
Visalia, CA 93291

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
House account



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MH

DATE (MM/DD/YYYY)

01/04/11

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<b>PRODUCER</b> UVIS/ Turner & Associates P.O. Box 757 Lindsay, CA 93247 House account	559-562-2527	<b>CONTACT NAME:</b>	
	559-562-2273	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b>	
		<b>PRODUCER CUSTOMER ID #:</b>	STRAT-6
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Strathmore Public Utl District P.O. Box 425 Strathmore, CA 93267	<b>INSURER A :</b>		American Alternative Ins Co
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			GPPA-PF-6052996-00	11/01/10	11/01/11	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ 3,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
		<b>AUTOMOBILE LIABILITY</b>							
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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