

## ENDORSEMENTS AND CERTIFICATES OF INSURANCE

Endorsements are produced when another party (not a YCPARMIA entity) asks to be named additional insured and/or loss payee on our coverage. This makes our coverage primary for any claims that might be filed.

### **ADDITIONAL INSURED**

When a company is asking to be named additional insured and/or loss payee, the following information must be received by YCPARMIA:

- Written request from the company in the form of a letter, lease agreement, or contract,
- The amount of coverage required,
- The activity being covered,
- The dates of the activity,
- Value of any property being insured.

If the amount of coverage requested is within YCPARMIA's SIR, the endorsement can be produced in-house upon approval by the CEO/Risk Manager. However, if the amount requested is more than YCPARMIA's SIR, then the request must be sent to the excess carrier. This usually takes a week barring any unforeseen complications. A Sample of an endorsement under our SIR is on Page I-3.

### **PROOF OF INSURANCE**

The same information is required for proof of insurance certificates. However, proof of insurance does not make our coverage primary. The proof of insurance certificates are always produced in-house. Samples of proof of insurance certificates are on Pages I-4 and I-5. Proof of insurance certificates can be produced for any coverage YCPARMIA has in place (i.e. liability, workers' comp, fidelity, UST, etc.)

### **BOTH PARTIES MEMBERS OF YCPARMIA**

When all parties of an event are YCPARMIA entities (i.e. the County using a West Sacramento facility as a polling place), a letter of understanding should be written stating whose premium calculations will be effected by what claims. Page I-6 is an example of such a letter of understanding.

The following pages are examples of the endorsements and certificates of insurance that are provided through YCPARMIA.



**YOLO COUNTY PUBLIC AGENCY  
RISK MANAGEMENT INSURANCE AUTHORITY  
77 WEST LINCOLN AVENUE  
WOODLAND, CA 95695  
(530) 666-4456**

**CERTIFICATE OF COVERAGE**

**CERTIFICATE HOLDER  
ADDITIONAL  
COVERED PARTY:**

**STATE OF CALIFORNIA OFFICE OF EMERGENCY AND  
SERVICE  
FIRE AND RESCUE DIVISION  
999 STREET NAME  
SACRAMENTO, CA 95832**

**THIS CERTIFIES THAT THE COVERAGE  
DESCRIBED HEREIN HAS BEEN ISSUED TO:    ENTITY NAME**

**LOCATION OF OPERATION:    ENTITY ADDRESS**

**DESCRIPTION OF ACTIVITY:    USE OF CERTIFICATE HOLDER PROPERTY, DATE**

<b>ENTITY PROVIDING COVERAGE</b>	<b>COVERAGE LIMITS</b>	<b>CERTIFICATE EXPIRATION DATE</b>
<b>Yolo County Public Agency Risk Management Insurance Authority</b>	<b>\$500,000</b>	<b>6/30/95</b>

The following coverage is in effect and is provided through participation in a risk sharing joint powers authority: comprehensive general and automobile liability as defined in the Memorandum of Coverage on file with the entity and which will be made available upon request.

The coverage being provided is limited to the activity and the time period indicated herein and is subject to all the terms, conditions and exclusions of the Memorandum of Coverage of the Yolo County Public Agency Risk Management Insurance Authority.

The certificate holder named herein is only an additional covered party for covered claims arising out of the activity described herein and is subject to the limits stated herein.

Coverage is in effect at this time and will not be canceled, limited or allowed to expire at a date other than that indicated herein except upon 30 days written notice to the certificate holder.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

**ARMAND SARKIS, CEO/RISK MANAGER  
NAME AND TITLE**

**YOLO COUNTY PUBLIC AGENCY  
RISK MANAGEMENT INSURANCE AUTHORITY  
77 WEST LINCOLN AVENUE  
WOODLAND, CA 95695  
(530) 666-4456**

**CERTIFICATE OF COVERAGE**

**CERTIFICATE HOLDER:**            **ELECTRIC GARAGE**

**THIS CERTIFIES THAT THE COVERAGE  
DESCRIBED HEREIN HAS BEEN ISSUED TO:    ENTITY NAME**

**LOCATION OF OPERATION:**       **ENTITY ADDRESS  
WOODLAND, CA 95695**

**DESCRIPTION OF ACTIVITY:**    **LEASE OF 2 AUTOS, DATE, IDENTIFICATION NUMBERS**

<b>ENTITY PROVIDING COVERAGE</b>	<b>COVERAGE LIMITS</b>	<b>CERTIFICATE EXPIRATION DATE</b>
<b>Yolo County Public Agency Risk Management Insurance Authority</b>	<b>\$500,000</b>	<b>6/30/95</b>
<b>California Joint Powers Insurance Authority</b>	<b>\$500,000 xs \$500,000</b>	<b>6/30/95</b>

The following coverage is in effect and is provided through participation in a risk sharing joint powers authority: comprehensive general and automobile liability as defined in the Memorandum of Coverage on file with the entity and which will be made available upon request.

The coverage being provided is subject to all the terms, conditions and exclusions of the Memorandums of Coverage of YCPARMIA and the California Joint Powers Risk Management Authority.

Coverage is in effect at this time and will not be canceled, limited or allowed to expire at a date other than that indicated herein except upon 30 days written notice to the certificate holder.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

**ARMAND SARKIS,    CEO/RISK MANAGER**  
**NAME/TITLE**

**THIS CERTIFICATE DOES NOT PROVIDE COVERAGE TO THE CERTIFICATE HOLDER**

**YOLO COUNTY PUBLIC AGENCY RISK  
MANAGEMENT INSURANCE AUTHORITY**

77 W. LINCOLN AVENUE      WOODLAND, CA 95695  
(530) 666-4456      Fax # (530) 666-4491

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

***This certifies to:*** MBIA Insurance Corporation  
***that the following described*** City of West Sacramento  
***policies have been issued to:*** P.O. Box 966  
West Sacramento CA 95691

***Description of Operations*** West Sacramento Financing Authority, Lease  
***(show project name and*** Revenue Bonds (City Administration Facilities Project)  
***number, (if any)):*** Series 1997

***Date of Activity:*** 8/10/98 through 7/31/31

<b><u>POLICIES AND INSURERS</u></b>	<b><u>POLICY NUMBER AND EXPIRATION DATE</u></b>	<b><u>LIMITS OF LIABILITY</u></b>
Yolo County Public Agency Risk Management Insurance Authority	N/A	\$300,000 Self-Insured
USFand G	#DRE 30031331000 EXPIRES 1/1/2001	Statutory Limit per occurrence xs \$300,000 SIR

All policies are in effect at this time and will not be cancelled, limited or allowed to expire without renewal without endeavoring to mail 30 days written notice to the above certificate holder, but failure to mail such notice shall impose no obligation of any kind upon the company.

8/7/98  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

ARMAND SARKIS, CEO/RISK MANAGER  
NAME AND TITLE

**THIS CERTIFICATE DOES NOT PROVIDE COVERAGE TO THE CERTIFICATE HOLDER**

[Date]

Jane Smith  
City of West Sacramento  
P.O. BOX 000  
WEST SACRAMENTO, CA 95691

Other  
Member

Insert a  
description  
of activity in  
this  
paragraph

SUBJECT: PROPERTY ADDRESS, DATE, ACTIVITY

Dear Ms. Smith:

The Yolo County Clerk Recorder's Office has requested the use of the (Property name, address) on Tuesday, November 2, 1993 from 6:30 a.m. to 9:00 p.m. in order to conduct a consolidated statewide special election.

It is understood by both parties that claims against the City of West Sacramento directly related to this activity will be covered by the County of Yolo and will be counted as costs for the County of Yolo for premium calculation purposes. This does not include claims that arise due to the negligence or willful misconduct of the City of West Sacramento, its officers or employees.

Most  
important  
paragraph

If you have any questions, please give me a call at XXX-XXXX.

Sincerely,

Your Entity

Jim Brown

Cc: YCPARMIA

RESERVED FOR FUTURE PAGES