



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

THIS IS TO CERTIFY TO:

East Bay Municipal Utility District (EBMUD)
 Department: Purchasing
 Street Address: 375 - 11th Street
 Mailing Address: P.O. Box 24055
 City, State, Zip: Oakland, CA 94623-1055

THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:

District Contract Number: _____
 Insured: _____
 Address: _____

LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:

To convert existing designated District files, including print, micrographics and CD files to optical imaging, as specified (PUR 056).

TYPE OF INSURANCE: Workers' Compensation Insurance as required by California State Law.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

POLICY TERM: From: _____ To: _____

The policy will not be canceled nor the above coverage reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

IT IS HEREBY CERTIFIED the above policy provides insurance as required by the agreement between East Bay Municipal Utility District at the Insured.

Signed: _____
 Authorized Signature of Broker, Agent, or Underwriter

Date: _____ Firm: _____

Address: _____

Phone: _____

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."



CERTIFICATE OF LIABILITY INSURANCE

THIS IS TO CERTIFY TO:

East Bay Municipal Utility District (EBMUD)
 Department: Purchasing
 Street Address: 375 - 11th Street
 Mailing Address: P.O. Box 24055
 City, State, Zip: Oakland, CA 94623-1055

THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:

District Contract Number: _____
 Insured: _____
 Address: _____

LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:

To convert existing designated District files, including print, micrographics and CD files to optical imaging, as specified (PUR 056).

TYPE OF INSURANCE: Automobile/General Liability Coverage/Endorsements as required by agreement.

LIMITS OF LIABILITY:

(MINIMUM) \$1,000,000/Occurrence, Bodily Injury, Property Damage-General Liability
 \$1,000,000/Occurrence, Bodily Injury, Property Damage-Auto Liability

SELF INSURED RETENTION (\$):	(Auto)	(GL)	(if applicable)
	Aggregate Limits (AUTO)	(GL)	(if applicable)
INSURANCE COMPANY(IES):	(Auto)	(GL)	
POLICY NUMBER(S):	(Auto)	(GL)	
POLICY TERM:	From: (Auto)	(GL)	To: (Auto) (GL)

THE FOLLOWING COVERAGES OR ENDORSEMENTS ARE INCLUDED IN THE POLICY(IES):

1. The District, its Directors, Officers and Employees are *Additional Insureds* in the policy(ies) as to work being performed under this agreement. ENDORSEMENT NO. _____
2. The coverage is *Primary* to any other applicable insurance carried by the District.
3. The policy(ies) covers *contractual liability* for the assumption of liability through the indemnity in this agreement.
4. The policy(ies) is written on an *occurrence* basis.
5. The policy(ies) covers *Broad Form* property damage liability.
6. The policy(ies) covers *personal injury* (libel, slander, and trespass) liability.
7. The policy(ies) covers *explosion, collapse, and underground* hazards.
8. The policy(ies) covers *products and completed operations*.
9. The policy(ies) covers the use of *non-owned* automobiles and equipment.
10. The policy(ies) shall cover pollution liability for claims related to the release or the threatened release of pollutants into the environment arising out of or resulting from Consultant's performance under this agreement.
11. The policy(ies) will not be canceled nor the above coverages/endorsements reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

IT IS HEREBY CERTIFIED that the above policies provide liability insurance as required by the agreement between the East Bay Municipal Utility District and the insured.

Signed _____	Firm _____
Address _____	Date _____
	Phone _____

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."