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Subject: Insurance Requirements for Service Contactors

IMPORTANT: The Public Health Department Contracts Unit cannot finalize, renew or make changes to an existing contract without evidence of current insurance coverage on file. Please review this document and submit the indicated insurance.

REQUIRED COVERAGE

The County of Santa Barbara requires that every service contractor carry the following insurance coverage:

General Liability	1,000,000	2,000,000 in the aggregate
Automobile Liability	1,000,000	2,000,000 in the aggregate
Workers Compensation	(when the contractor has employees)	State mandated coverage

All insurance coverage must be placed with insurance companies that:

- (1) have a Best's rating of no less than A: VII, and
- (2) are admitted insurance companies in the State of California.

All other insurance companies require the prior approval of the COUNTY.

REQUIRED ENDORSEMENT OR BLANKET ADDITIONAL INSURED ENDORSEMENT

The County also requires that the County of Santa Barbara be named as an additional insured under General Liability. A separate endorsement page is required (sometimes known as the CG 20 26 form). Even if the description section of the certificate states "Certificate holder is named as additional insured" the County requires a separate endorsement page because the certificate confers no rights upon the certificate holder (as is stated in the upper right corner of the certificate). The County will also accept a Blanket additional insured endorsement in place of a CG 20 26 form which specifically names the County additional insured.

PROFESSIONAL LIABILITY

In the case of professional contractors, the County requires professional liability coverage:

Occurrence-based Professional Liability	1,000,000	2,000,000 in the aggregate
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NAME OF CERTIFICATE HOLDER

The following information should appear in the "Certificate Holder" box:

County of Santa Barbara
 300 N. San Antonio Road, Bldg 8
 Santa Barbara, CA 93110

PHD Contracts Unit fax: (805) 681 5191. PHD Contracts Unit email: PHDCU@sbcphd.org

Attached are samples of the certificate of insurance, endorsement page and workers compensation documents for your reference.

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ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 03/26/2009

PRODUCER (559)650-3555 FAX (559)650-3558
 Landscape Contractors (Lic#0755906)
 Insurance Services, Inc.
 1835 N. Fine Avenue
 Fresno, CA 93727

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.

INSURERS AFFORDING COVERAGE NAIC #
 INSURER A ARCH Insurance Company
 INSURER B
 INSURER C
 INSURER D
 INSURER E

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 PD DED GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC		03/25/2009	03/25/2010	SACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (PER OCCURRENCE) \$ 100,000 MED EXP (per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		03/25/2009	03/25/2010	COMBINED SINGLE LIMIT (PER ACCIDENT) \$ 1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER PERSON) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ SA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				SACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED <input type="checkbox"/> IF EMP, EMPOR OR LEAD OFFICER, PROVIDED BELOW OTHER				WC STATE/TOR/LIMIT \$ DATE \$ E.L. SACH ACCIDENT \$ E.L. DISAB - EA EMPLOYEE \$ E.L. DISAB - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT (SPECIAL ENDORSEMENTS)
 [REDACTED]

CERTIFICATE HOLDER
 County of Santa Barbara
 Public Health Department
 300 N San Antonio Road
 Building #8
 Santa Barbara, CA 93110

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: Beverly Nelson, CFSR, CPSA
 ACORD 25 (2001/08) SACORD CORPORATION 1988

POLICY NUMBER: R1C0006397 COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
 COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
 COUNTY OF SANTA BARBARA
 PUBLIC HEALTH DEPT.
 CONTRACT UNIT
 300 N. SAN ANTONIO ROAD, BUILDING 8
 SANTA BARBARA, CA 93110

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 A. In the performance of your ongoing operations; or
 B. In connection with your premises owned by or rented to you.

CERTHOLDER COPY

STATE COMPENSATION INSURANCE FUND P.O. BOX 807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2005 GROUP: 000488
 POLICY NUMBER: 0000015-2005
 CERTIFICATE ID: 5
 CERTIFICATE EXPIRES: 04-01-2008
 04-01-2008/04-01-2008

COUNTY OF SANTA BARBARA SL
 HUMAN SERVICES DIV BLDG #1, 1ST FL, RM 8102
 300 N. SAN ANTONIO ROAD
 SANTA BARBARA CA
 93110-1332

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days' advance written notice to the employer.

We will also give you 30 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate 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 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 such policies.

[Signature] AUTHORIZED REPRESENTATIVE
[Signature] Dianne C. Oki PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 04-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.
 NAME OF ADDITIONAL INSURED: COUNTY OF SANTA BARBARA SL

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER LEGAL NAME
 [REDACTED]

REV. 3-03 PRINTED: 03/17/2005 P0408
 THIS DOCUMENT HAS A BLUE PATTERNED BACKGROUND.