



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2019

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).

PRODUCER Leavitt United Insurance Services, Inc. Lic #0J02939 2358 Maritime Dr., Ste 100 Elk Grove CA 95758	CONTACT NAME: CL Central PHONE (A/C No. Ext): (800)549-4242 E-MAIL ADDRESS: clcunited@leavitt.com	FAX (A/C No): (888)329-8842
	INSURER(S) AFFORDING COVERAGE	
INSURED Governmental Advocates Inc. 1127 11th St Ste 400 Sacramento CA 95814	INSURER A: Nationwide Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:19/20 master

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ACP7880681745	1/13/2019	1/13/2020	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ EXCLUDED
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ACP7880681745	1/13/2019	1/13/2020	EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE						\$ 1,000,000	
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

RE: 1127 11th Street, Ste. 400, Sacramento, CA 95814

The County of Santa Barbara is Additional Insured as required by written contract with Named Insured and policy form CG2012.

CERTIFICATE HOLDER**CANCELLATION**

County of Santa Barbara 105 E. Anapamu, Room 406 Santa Barbara, CA 93101	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 Amy zcRackham/AMRACK
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ACORD 25 (2014/01)

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INS025 (201401)



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 03-15-2019

GROUP:
 POLICY NUMBER: 0605910-2019
 CERTIFICATE ID: 25
 CERTIFICATE EXPIRES: 03-15-2020
 03-15-2019/03-15-2020

THE COUNTY OF SANTA BARBARA
 CONTRACT ADMINISTRATOR
 105 E ANAPAMU ST RM 400
 SANTA BARBARA CA 93101-6059

NF

JOB: ALL CA OPERATIONS

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 policy 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 to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 03-15-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

GOVERNMENTAL ADVOCATES, INC. DBA: GOVERNMENTAL
 ADVOCATES, INC.
 1127 11TH ST STE 400
 SACRAMENTO CA 95814

[MLV,CS]



P.O. BOX 8192, PLEASANTON, CA 94588

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CONTRACT ADMINISTRATOR
105 E ANAPAMU ST RM 400
SANTA BARBARA CA 93101-6059

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Authorized Representative

President and CEO

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EMPLOYER

GOVERNMENTAL ADVOCATES, INC. DBA: GOVERNMENTAL
ADVOCATES, INC.
1127 11TH ST STE 400
SACRAMENTO CA 95814

[MLV,CS]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION –
PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>State Or Governmental Agency Or Subdivision Or Political Subdivision:</p> <p>COUNTY OF SANTA BARBARA 105 E ANAPAMU ROOM 406 SANTA BARBARA CA 93101</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All terms and conditions apply unless modified by this endorsement.

County of Santa Barbara, Risk Management
Request for Waiver of County Contract Insurance Requirements

Use this form to request a reduction or waiver of the insurance requirements for consultants, contractors or vendors supplying goods and/or services to the County. Submit the completed **electronic version** of this form to Risk Management for review and approval. If the scope of work changes during the Agreement period, the department must submit a new request for waiver of obtain the required limits of insurance.

CONTRACTING DEPARTMENT:

Date of Request:	11/15/2019	Department:	CEO		
Submitted by:	Wesley Welch	Email:	wwelch@countyofsb.org		
Contact Person :	Wesley Welch	Email:	wwelch@countyofsb.org	Phone	805-568-3107

VENDOR:

Name:	Governmental Advocates				
Address:	1127 11th Street Ste 400 Sacramento, CA 95814	Phone:	916-448-8240		
Contact Person :	Cliff Berg	Email:	cberg@govadv.com		

The vendor has been informed of the insurance requirements, and has been asked to verify or obtain insurance meeting the requirements. Yes No

CONTRACT INFORMATION/SCOPE:

Does the vendor have employees? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If No, attach signed Declaration form)				
Amount of the contract:	\$ 132,700 over 2 years	Where will the work be performed?	Sacramento, CA		

Provide a **detailed, complete and accurate** description of all the activities or goods and services that the vendor will engage in to complete the contract scope of work (use attachment if more space is required). Please attach the proposal or statement of work if available.

Advise County of financial and political feasibility of the annual legislative platform. Develop strategies to address policy issues.

REQUEST FOR REDUCTION OR WAIVER OF COUNTY INSURANCE REQUIREMENT:

What insurance requirements are to be reduced or waived?	Professional Liability/Auto Liability				
What is the vendor's reason for not purchasing the required insurance?	Vendor does not believe the insurance is necessary and other Counties have waived the requirement. The cost is prohibitive.				
Describe the potential exposure/risk if the vendor negligently performs the work.	Providing improper advice upon which the County relied in making a decision.				
Does the work involve minors?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the work considered hazardous?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Will the vendor be performing the work in public or for the public or for internal use?					Internal
Does the contract involve the use, creation or dissemination of Private Health Information or other confidential information? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please describe.				
Is the contractor performing a service that cannot be performed by a County employee?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there another contractor who could perform the same work who meets the insurance requirements available? If yes, please explain why this is the preferred vendor. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

DEPARTMENT UNDERSTANDING OF RISK:

When a vendor's insurance is waived , the County may have to pay for losses caused by the vendor. By requesting this waiver, the department acknowledges losses not insured by the vendor may affect department risk premiums.

Governmental Advocates

11/15/19

Name and Title of authorized person completing form

Date

RISK MANAGEMENT APPROVAL

Request Approved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:					
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Ray Aromatorio, Risk Manager

Ray Aromatorio, Risk Manager

Date: 2019.11.18 09:55:08 -05'00'

11/15/19

Name and title

Signature

Date