

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2012

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).

certificate holder in lieu of such endorsement(s).											
	DUCER				CONTA NAME:						
Marsh Risk & Insurance Services CA License #0437153					PHONE						
777 South Figueroa Street						E-MAIL ADDRESS:					
Los Angeles, CA 90017 Attn: Lori Bryson (213)-346-5464					INSURER(S) AFFORDING COVERAGE				NAIC #		
06510 -AECOM-CAS-12/13 FtColl CO RBingh 0915					INSURER A: Zurich American Insurance Company					16535	
INSURED				INSURER B:							
AECOM Technical Services, Inc. 1601 Prospect Parkway			INSURER C: Illinois Union Insurance Co					27960			
Fort Collins, CO 80525									N/A		
					INSURE						
					INSURER F:						
COVERAGES CER			CATE	NUMBER:	LOS-001520727-01 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										ICY 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,											
	CCLUSIONS AND CONDITIONS OF SUCH								ALL	THE TERMS,	
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A	GENERAL LIABILITY	INSK	WVD	GLO 5965891 04		04/01/2012	04/01/2013	EACH OCCURRENCE	\$	2,000,000	
	X COMMERCIAL GENERAL LIABILITY					0 110 1120 12		DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)		5,000	
	CLAIMS-MADE CCCUR							MED EXP (Any one person)	\$	2,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
								GENERAL AGGREGATE	\$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
A	AUTOMOBILE LIABILITY			BAP 5965893 04		04/01/2012	04/01/2013	COMBINED SINGLE LIMIT	-	1,000,000	
	V			D/11 0700070 01		0 1/0 1/2012	0 1/0 1/2010	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED							' '	\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)			
	LIMPRELLA LIAR								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
С	ARCHITECTS & ENG.			EON G21654693		10/08/2011	04/01/2013	Per Claim/Agg		\$1,000,000	
	PROFESSIONAL LIAB.			""CLAIMS MADE""				Defense Included			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	_ES (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)				
	DM/COUNTY OF SANTA BARBARA MSA NTY PUBLIC WORKS NAMED AS ADDITIONAL INS	IIRFD	FOR C	SL COVERAGES BUT ONLY AS R	ESPECTS	S WORK PERFOR	RMED BY OR ON	BEHALF OF THE NAMED INSUE	PED		
000	VIII OBEIO WORKO WINED NO NOBINIOWIE INO	OKLD	1011	L GOVERNOLO, BOT ONET NOTO	LOI LOI	WORKET EIN OF	TIMED DI OIL OIL	DETINET OF THE WINED INCOM	LD.		
CERTIFICATE HOLDER					CANCELLATION						
Cour	ty of Santa Barbara										
	y or Saria Barbara : Works Department		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
130 E. Victoria Street, Suite 100						ACCORDANCE WITH THE POLICY PROVISIONS.					
Santa Barbara, CA 93101											
					AUTHORIZED REPRESENTATIVE						
		of Marsh Risk & Insurance Services									

DA Desikan

David Denihan