



County of Santa Barbara
Purchasing Agent
260 N San Antonio Rd,
Santa Barbara, CA 93110

Order CO11090 for CN9035

Order date

4/9/2025

Delivery address

Santa Barbara County
PW ROADS, ENGINEERING (SB)
123 E ANAPAMU
SANTA BARBARA, CA
93101
GENA VALENTINE FELIX
805-568-3094

Vendor

205770
FORDE BIOLOGICAL CONSULTANTS

10664 Presilla Road
Santa Rosa Valley
CA
93012
Arlani Harris
arlani.harris@fordebio.com

Bill To

Santa Barbara County
123 E. ANAPAMU STE 205 SANTA BARBARA, CA 93101 805
568-3003

Refer Inquiries to Buyer

Sean Burns
seburns@countyofsb.org

Terms of payment

30 days

Item/Comments	Description	Preferred delivery date	Quantity	Unit	Price	Amount
000270- ENVIRONMENTAL REPORTS	Biological surveying, monitoring and reporting for Temporary Bridge Removal & Permanent Bridge Placement on East Mountain Drive, County Project No. 862357.		1.00		200,000.00	200,000.00

Order Total USD

200,000.00

GENERAL: Contractor to provide biological surveying, monitoring, and reporting per attached Proposal dated 6/6/2024.

CONTRACT PERIOD: Start date, as directed. Termination date, as directed and NO LATER THAN 6/30/2025.

LIMITATIONS: Total expenditure for the period shall not exceed \$154,163.90 (Including a 10% contingency) Any increase or decrease in this total amount may be authorized only upon written notice from the County Chief Procurement Officer.

STANDARD TERMS AND CONDITIONS FOR INDEPENDENT CONTRACTORS (ver. 2023 09 23) attached.

THIS CONTRACT IS NOT VALID FOR AMOUNTS IN EXCESS OF TWO HUNDRED THOUSAND DOLLARS (\$200,000)

In accordance with Section 2-96 of the County Code, if complaint is made that seller is engaging in discriminatory employment practices made unlawful by applicable state and federal laws, rules or regulations, and the State Fair Employment Practice Commission or the Federal Equal Employment Opportunities Commission determines that such unlawful discrimination exists, then the County of Santa Barbara may forthwith terminate this order.

Amendment #1: Increase overall contract total to \$200,000.00 per attached updated SoW.

Note to Contractors: No Changes to the Contract as set forth in this Change Order will be effective until this Change Order is signed by the Contractor via DocuSign and this executed Change Order is received by the County Procurement Office. No Payment will be made for services or work contemplated in this Change Order unless such work or services are performed after this Change Order is properly executed via DocuSign and such executed Change Order is received by the County Procurement Office.

Accepted By: (X)

Jessa Anderson

Tessa Anderson

Operations Manager

4/14/2025 | 11:04 AM PDT

Print Name/Title:

Date:

Applicable Contractor License #: _____

Note to Supplier: The following change(s) required and authorized for:
Original Order # CN9035

Phung Loman

COUNTY OF SANTA BARBARA



Project Change Order 01: Bridge Removal Project (#862357)

Original Date of Contract Execution: July 3, 2024

Date of Change Order: April 3, 2025

Santa Barbara County
123 E Anapamu Street, Suite 205
Santa Barbara, CA 93101

Subject: Change Order to Provide Additional Environmental Consulting Services

Amendment Type

- ☒ Time Extension
- ☒ Price Modification
- ☐ Other No-Cost Modification
- ☐ Scope of Work Modification

Overview

This change order is between Santa Barbara County (Client) and Forde Biological Consultants, a California general partnership (Contractor).

Modification

Time Extension: Project Timeline Extended

Project was originally expected to conclude in November/early December of 2024 but was extended through March 2025.

Price Modification: Project Budget Increase

Due to the project being extended, Contractor requests a budget allocation increase.

Current Order Total: \$154,163.90

Change Order Amount: **\$45,836.10** for an updated Total Contracted Price of: **\$200,000.00**

Assumptions

Cost saving measures will be implemented where and when applicable tasks can be conducted concurrently.

ALL OTHER CONTRACTOR PROVISIONS REMAIN UNCHANGED

Client: Santa Barbara County

Printed Name: _____ Date: _____

Signature: _____

Contractor: Forde Biological Consultants

Printed Name: _____ Date: _____

Signature: _____



County of Santa Barbara
Purchasing Agent
260 N San Antonio Rd,
Santa Barbara, CA 93110

Order CN9035

Order date

7/3/2024

Delivery address

Santa Barbara County
PW ROADS, DESIGN (SB)
123 E. ANAPAMU ST
SANTA BARBARA, CA
93101
BRIAN GILBERT
805-568-3094

Vendor

205770
FORDE BIOLOGICAL CONSULTANTS

10664 Presilla Road
Santa Rosa Valley
CA
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Arlani Harris
arlani.harris@fordebio.com

Bill To

Santa Barbara County
123 E. ANAPAMU STE 205 SANTA BARBARA, CA 93101 805
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Refer Inquiries to Buyer

Sean Burns
seburns@countyofsb.org

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30 days

Item/Comments	Description	Preferred delivery date	Quantity	Unit	Price	Amount
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Order Total USD**154,163.90**

GENERAL: Contractor to provide biological surveying, monitoring, and reporting per attached Proposal dated 6/6/2024.

CONTRACT PERIOD: Start date, as directed. Termination date, as directed and NO LATER THAN 6/30/2025.

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NOTE TO CONTRACTOR: No payment will be due or payable unless this contract is properly executed and returned to the County Purchasing Office. Do not commence performance until you have executed this contract and returned it to the County of Santa Barbara Purchasing Division, 260 N San Antonio Rd, Santa Barbara, CA 93110.

Accepted By: (X) 

Print Name/Title: Miranda Anocibar/ Assistant Project Manager Date: 7/5/2024

Applicable License # (Medical/Contractor/Etc.): n/a


COUNTY OF SANTA BARBARA

Environmental Professional Services Proposal

Biological Surveying and Construction Monitoring for
Santa Barbara County Project No. 862357

Temporary Bridge Removal & Permanent Bridge
Placement on East Mountain Drive in Montecito, CA

Prepared By:

FORDE BIOLOGICAL CONSULTANTS

10664 Presilla Road

Santa Rosa Valley, CA 93012

Tel: (805) 400-2304

Email: rfp@fordebio.com

Date Prepared: 6/6/2024

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1. Transmittal Letter

1. Transmittal Letter

To: Kalani Durham

County of Santa Barbara
Public Works Department – Transportation Division
123 East Anapamu Street
Santa Barbara, CA 93101

June 6, 2024

Dear Kalani Durham,

Forde Biological Consultants (Forde) is pleased to submit this proposal in response to the Request for Proposals (RFP) for biological surveying and construction monitoring for Santa Barbara County project number 862357, temporary bridge removal, and permanent bridge replacement on East Mountain Drive in Montecito, California.

Forde is a Disadvantaged Business Enterprise (DBE), Women Minority Business Enterprise (WMBE) and small business (SB). Forde has the necessary resources and experienced staff needed to complete this project successfully. Andrew Forde and Mira Falicki will serve as the Designated and Avian Biologists. Biologists Monique Cagan, Rebecca Clarke, Olivia Feito, Sarah Maddocks, and Seana Leary will support the Designated and Avian Biologists in surveying and monitoring as needed. Miranda Anocibar will be the Project Manager and primary point of contact.

We are dedicated to the successful completion of this project and are excited about the opportunity to collaborate with Santa Barbara County (the County). Our team is committed to assisting the County in conserving nesting birds, protecting sensitive species, and mitigating the spread of invasive plants.

As the Managing Partner of Forde, I am fully authorized to negotiate and contractually bind Forde with the County. We are confident that we will meet the County's needs for biological surveying and monitoring and we are prepared to communicate effectively with the County and California Department of Fish and Wildlife (CDFW).

Thank you for considering our proposal. We look forward to the opportunity to work with you. Miranda Anocibar can be reached via email at Miranda.anocibar@fordebio.com or by phone at 1-805-400-2293. Please feel free to contact her if you have any questions or would like additional information.

Sincerely,



From: Catherine Forde

Managing Partner
10664 Presilla Road,
Santa Rosa Valley, California, 93012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2025

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 have ADDITIONAL INSURED provisions or 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 Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	<table border="1"> <tr> <td colspan="2">CONTACT NAME: Marsh Affinity</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 800-743-8130</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: ADPTotalSource@marsh.com</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: AIU Insurance Company</td> <td>NAIC #: 19399</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Marsh Affinity		PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No):	E-MAIL ADDRESS: ADPTotalSource@marsh.com		INSURER(S) AFFORDING COVERAGE		INSURER A: AIU Insurance Company	NAIC #: 19399	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																					
INSURED ADP TotalSource DE IV, Inc. 5800 Windward Parkway Alpharetta, GA 30005 U/C/F: Forde Biological Consultants 10664 Presilla Road Santa Rosa Valley, CA 93012																					

COVERAGES

CERTIFICATE NUMBER:

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								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
A	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	N/A	WC 088414767 CA	07/01/2024	07/01/2025	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 2,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 2,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 2,000,000</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ 2,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
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E.L. DISEASE - POLICY LIMIT	\$ 2,000,000														

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

All worksite employees working for Forde Biological Consultants paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum.

CERTIFICATE HOLDER

County of Santa Barbara
 123 E Anapamu Street
 Suite 205
 Santa Barbara, CA 93101

CANCELLATION

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

Jo Phillips

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/10/2025

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PRODUCER Biz E Insurance Brokers LLC 40240 Pasadena Dr. Temecula CA 92591	CONTACT NAME: Rick Stillman, TRIP, CRIS, MLIS PHONE (A/C, No, Ext): (951) 296-5106 FAX (A/C, No): (855) 951-2493 E-MAIL ADDRESS: rick@bizeinsurance.com														
INSURED Forde Biological Consultants 10664 Presilla Road Santa Rosa Valley CA 93012	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: ATAIN SPECIALTY INS CO</td> <td>17159</td> </tr> <tr> <td>INSURER B: EVANSTON INS CO</td> <td>35378</td> </tr> <tr> <td>INSURER C: CERTAIN UNDERWRITERS AT LLOYDS OF LOND</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ATAIN SPECIALTY INS CO	17159	INSURER B: EVANSTON INS CO	35378	INSURER C: CERTAIN UNDERWRITERS AT LLOYDS OF LOND		INSURER D:		INSURER E:		INSURER F:	
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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	x	x	BWPF0083129	03/06/2025	03/06/2026	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB	x	x	XOBW10283825	03/06/2025	03/06/2026	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR							\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Errors and Omissions			PSN0240087806	09/29/2024	09/29/2025	Each Claim	5,000,000
							Policy Limit	5,000,000

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

D Inland Marine IMPE262623-07 09/25/2024 09/25/2025 Tools/Equipment Included

County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the contractor including materials, parts, or equipment furnished in connection with such work or operations.

CERTIFICATE HOLDER**CANCELLATION**

County of Santa Barbara
 123 E Anapamu Street, Suite 205
 Santa Barbara, CA 93101

Lori Lynch
 lorilyn@countyofsb.org

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

Rick Stillman

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2025

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PRODUCER HELM DEREGNE INSURANCE AGENCY 4858 MERCURY ST STE 205 SAN DIEGO CA 92111		CONTACT NAME: PHONE (A/C, NO, EXT): 858-560-1909 FAX (A/C, NO): 858-560-1959 E-MAIL ADDRESS: HDEREGNE@FARMERSAGENT.COM
INSURED FORDE BIOLOGICAL CONSULTANTS 10664 PRESILLA RD SANTA ROSA VALLEY CA 93012		INSURER(S) AFFORDING COVERAGE INSURER A: Redwood Fire and Casualty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE		ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	COMMERCIAL GENERAL LIABILITY				01APM056934-01	03/27/2025	03/27/2026	EACH OCCURRENCE	\$				
	<input type="checkbox"/>	CLAIMS-MADE						<input type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$		
	<input type="checkbox"/>							MED EXP (Any one person)	\$				
								PERSONAL & ADV INJURY	\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
	<input type="checkbox"/>	POLICY						<input type="checkbox"/>	PROJECT	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/>	OTHER:							\$				
A	AUTOMOBILE LIABILITY		Y		01APM056934-01	03/27/2025	03/27/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	<input type="checkbox"/>	ANY AUTO						<input checked="" type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	OWNED AUTOS ONLY						<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	<input type="checkbox"/>									\$			
	UMBRELLA LIAB							EACH OCCURRENCE	\$				
	EXCESS LIAB							AGGREGATE	\$				
	<input type="checkbox"/>	DED						<input type="checkbox"/>	RETENTION \$		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A					<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTHER	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							<input type="checkbox"/>	Y/N	E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								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) County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the contractor including materials, parts, or equipment furnished in connection with such work or operations													

CERTIFICATE HOLDER	CANCELLATION
County of Santa Barbara 123 E. Anapamu Street Suite 205 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 HELM DEREGNE