ucer vn & Brown Insurance	THE CERT			11/28/2007		
nse # 0B02587 Box 1469	HOLDER, T	CONFERS NO R	ED AS A MATTER OF IN LIGHTS UPON THE CER TE DOES NOT AMEND, FORDED BY THE POLI	TIFICATE		
ia Barbara, CA 93102	INSURERS A	INSURERS AFFORDING COVERAGE				
RED Mendez Services		INSURER A: Safeco Insurance Company of America				
406 W. Figueroa Santa Barbara, CA 93101-	INSURER B:					
Squire perperal CM 82101-	INSURER C:	INSURER C:				
	WISURER D:	INSURER D:				
/ERAGES	INSURER E:					
IE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II IY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER D AY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED H DLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID	IEREIN IS SUBJECT CLAIMS.	ESPECT TO WHICH TO ALL THE TERM				
HSRD TYPE OF INSURANCE POLICY NUMBER	POLICY EFFECTIVE DATE [MM/DD/YY]	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	;		
X X COMMERCIAL GENERAL HABILITY 01CH71788201 CLAIMS MADE X OCCUR	11/27/2007	11/27/2008	DAMAGE TO RENTED PREMISES (Ea occurence)	s 1,000,0 s 200,2 s 10		
				s 1,00-3		
CTALL ACCOUNT AND			GEHERAL AGGREGATE	s 2,000,		
GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO JECT LOC			PRODUCTS - COMP/OP AGG	3 2,000,0		
AUTOMOBILE LIABILITY ANY AUTO			COMBINED SINGLE LIMIT (Ea accident)	\$		
ALL OWNED AUTOS SCHEDULED AUTOS			BODILY INJURY (Par person)	5		
HIRED AUTOS NON-OWNED AUTOS	The state of the s		BOOILY INJURY (Per accident)	3		
			PROPERTY DAMAGE (Per accident)	\$		
GARAGE LIABILITY			AUTO ONLY - EA ACCIDENT	5		
ANY AUTO			OTHER THAN EA ACC	\$		
EXCESS/UMBRELLA LIABILITY			EACH OCCURRENCE	\$		
OCCUR CLAIMS MADE			AGGREGATE	<u>\$</u>		
			710.51(0.5)71.	5		
DEDUCTIBLE				3		
RETENTION S				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC STATU- OTH- TORY LIMITS ER	The state of the s		
ANY PROPRIETOR/PARTHER/EXECUTIVE			E.L. EACH ACCIDENT	S		
OFFICER/MEMBER EXCLUDED? If yes, describe under			E.L. DISEASE - EA EMPLOYEE	\$		
II yes, describe under SPECIAL PROVISIONS below OTHER			E.L. DISEASE - POLICY LIMIT	2		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSE	EMENT/SPECIAL PROV	ASIONS				
Days Notice for Non-Payment of Premium rtificate Holder named as additional insured in regards to the Genorated by this policy shall be primary and non-contributory to the fillectible insurance for a loss covered by this policy, that other insu	itall limits stated i	niteralaph offini	ow from carrier, "Such n, and if the COUNTY ha	insurance as is is other valid and		
ERTIFICATE HOLDER	CANCELLA	ТІОН				
County of Santa Parhama	1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
County of Santa Barbara 1105 Santa Barbara City	§		ER WILL ENDEAVOR TO MAIL 3			
Santa Barbara, GA 93101-0000	אסווכב זם זא	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
	MANAGE NO DE	EUGAHON OR LIABILI	TY OF ANY WIND UPON THE INSUI	RER. ITS AGENTS OR		

Д	C	ORD,,,	CERTIF	ICATE OF LIABIL	ITY INSU	JRANCE	MYS F1DC	DATE 12-03-2067			
INSUREX GLOBAL INS SVCS/DORIS/PHS 165759 P:(866)467-8730 F:(877)905-0457					ONLY AND HOLDER, 1	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.					
PO BOX 33015 SAN ANTONIO TX 78265			INSURERS AFFORDING COVERAGE								
				operty &	Casualty Co	of Hartford					
RAFAEL MENDEZ DBA: MENDEZ SERVICES			HASORER D: HASORER C:		MARKET						
406 W FIGUEROA ST. SANTA BARBARA CA 93101				ን ለ ገ	INSURER D:						
		<u>n DAMUE</u> VGES	WW CW 22	T O T	LIVASCINER E:						
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INSI TTR		TYFE GF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	HAI.	IS			
	GEN	GRAL LIABILITY					EACH OCCURRENCE	5			
			GENERAL LIABILITY				FIRE DAMAGE (/my one fire)	7			
		CEAIMS M	ADE OCCUR			000000071=1=0	HED EXP (Any one person) FERSONAL & ADV BLAURY	4			
							GENERAL AGGREGATE	ş			
	5191		UMIT APPLIES FER:				FRODUCTS - COMPJOP AGG	\$			
A	AUT	OMOBILE LIMBILI		72 UEC AH8025	12/10/07	12/10/08	COMBRIED SPICE HAIT (En accident)	:1,000,000			
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		HIRED AUTOS MON-OWNED A	uios				BODILY BLORY (Per accident)	5			
							PROPERTY DAMAGE (Per accident)	ú			
	GAB	AGE LIABILITY			Annual II businessed i François de distriction de la constant de l		AUTO OFFLY - EA ACCIDENT	3			
		ANY AUTO					OTHER THAM EA ACC AUTO ONLY: AGG				
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		LOVEIN EN IN			1000		E.L. EACH ACCIDENT	3			
							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				
	יזננ	MER									
iM:St	i Harti	ION OF OPERATION	DNS/LOCATIONS/VEHI] CLES/EXCLUSIONS ABDED BY ENDORSEMENT/SE	L ECIAL PROVISIONS		<u> </u>				
Th	.os	e usuai	l to the	Insured's Operation	s. Cover	age is pri	mary &				
no	n-	contril	butory pe	er the Auto Liabilit	y Covera	ge Form CA	A0001, attach	ed to this			
pc	li	cy.									
CE	CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER CANCELLATION										
			EXPIRATION L 30 DAYS WITE	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 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO							
County of Santa Barbara 1105 Santa Barbara City				HA TO YTURBALL HO	IY KIND UPOR THE INSUR						
Santa Barbara, CA 93101				93101	AUTHORIZED RE	AUTHORIZED REPRESENTATIVE					

Troop, with a Gill At. brown a brown flaxib. 803-696-3200 To. Trad comery

		CERTIFIC	A LE OF LIABI	LIIYINS	URANC		11/27/2007		
		R (805)388-7130 F.	AX (805)388-7138	THIS CER	FIFICATE IS ISSU	JED AS A MATTER OF I	NEORMATION		
Colonial Western Insurance Agency				ONLY AND) CONFERS NO I	RIGHTS UPON THE CER	RTIFICATE		
License Number 0E50896					E COVERAGE A	TE DOES NOT AMEND, FFORDED BY THE POL	EXTEND OR ICIES BELOW		
75	1 D	aily Drive, Suite 230							
Camarillo, CA 93010					INSURERS AFFORDING COVERAGE				
NSU		Mendez Services, Inc.		INSURER A: PE	INSURER A: Pennsylvania Mfg Assoc				
		406 W Figueroa St		INSURER B:					
		Santa Barbara, CA 93101		INSURER C:		1000 to 1000 t			
				INSURER D:					
				INSURER E;	,	······································			
co	VER/	AGES							
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	ADD'L NSRD				POLICY EXPIRATION	· · · · · · · · · · · · · · · · · · ·			
.TR	NSRD	GENERAL LIABILITY	POLICY NUMBER	DATE (MMIDDIYY)	POLICY EXPIRATION DATE (MM/DD/YY)				
		COMMERCIAL GENERAL LIABILITY				CALLASE TO DELIVER	5		
						PREMISES (Ea occurence)	5		
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	Ď		
						GENERAL AGGREGATE	3		
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG 5	3		
		POLICY PRO- JECT LOC				***************************************			
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	5		
		ANY AUTO ALL OWNED AUTOS				(La accident)	p		
		SCHEDULED AUTOS				BODILY INJURY (Per person)	5		
		HIRED AUTOS				BODILY INJURY	•		
		NON-OWNED AUTOS				(Per accident)			
			Territoria			PROPERTY DAMAGE (Per accident)	5		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT S	}		
		ANY AUTO				OTHER THAN EA ACC S	5		
.						AUTO ONLY: AGG S	G		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE S			
		OCCUR CLAIMS MADE				AGGREGATE S	,		
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		KERS COMPENSATION AND	PMAIWC102375400	10/01/2007	10/01/2008	WC STATU- TOTH-			
.		OYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		,,	=0,02,200	TORY LIMITS ER ELL EACH ACCIDENT S	2 000 000		
A	OFFI	CERVMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE S	x,000,000		
	If yes, SPEC	describe under					±1000,000		
	ОТНЕ	R				E.L. DISEASE - POLICY LIMIT \$	1,000,000		
	Piles								
0 E	arik Dav	ON OF OPERATIONS / LOCATIONS / VEHICL Notice of Cancellation	Ear EXCLUSIONS ADDED BY ENDORSE for Non-Payment of Pre	MENT / SPECIAL PRO	VISIONS				
		of Insurance"	to non rayment or rie	ин в Цин					
		or insurance							
EF	TIFI	CATE HOLDER		CANCELLAT	ION				
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE					
			l l	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL					
County of Court Ball				#30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,					
County of Santa Barbara									
Attn: Traci Lothernz				BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
1105 Santa Barbara Street Santa Barbara, CA 93101			ALITHODIZED POP	OF ANYKIND UPON THE INSURED TEST GENTS OF REPRESENTATIVES.					
Santa barbara, CA 95101				NOTITIONIZED REPRESENTATIVE / // / // / / / / / / / / / / / / / /					
\CC	ORD	25 (2001/08)		1 4 4	UVU UV	@ACOPD COL	RPORATION 1988		
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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)

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

INSUREX GLOBAL INS SVCS/DORIS/PHS PO BOX 33015 SAN ANTONIO TX, 78265

> County of Santa Barbara 1105 Santa Barbara City Santa Barbara, CA 93101