



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/29/2012

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).

<b>PRODUCER</b> TWIW Insurance Services, LLC - 0E52073 1525 E. Main Street PO Box 1099 Santa Maria CA 93456		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (805) 922-7301 FAX (A/C, No): (808) 925-2370 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:															
<b>INSURED</b> Le Bard's Computer Center 550 W. Betteravia Road Suite A Santa Maria CA 93455		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Casualty</td> <td></td> </tr> <tr> <td>INSURER B: Hartford Underwriters Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C: Employers Compensation Ins Co</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: Hartford Casualty		INSURER B: Hartford Underwriters Ins. Co.		INSURER C: Employers Compensation Ins Co		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 11-12 GL 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			51SBADD4625	05/15/2011	05/15/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			51UBCUP6950	05/15/2011	05/15/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			FN 0303049 09	09/10/2010	09/10/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

The Certificate Holder is named as Additional Insured in respects to General Liability for work performed by the insured per Form IH 12 00 11 85 Attached.

## CERTIFICATE HOLDER

## CANCELLATION

County of Santa Barbara Dept of Social Services 2125 S Centerpointe Pkwy Santa Maria, CA 93455	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  Donna Correia/DONNAC <i>Donna Correia</i>

POLICY NUMBER: 51 SBA DD4625



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - PERSON-ORGANIZATION

CITY OF SANTA BARBARA  
PO BOX 539  
SANTA BARBARA, CA 93101

CITY OF LOMPOC  
PURCHASING DIVISION  
P.O. BOX 8001  
LOMPOC, CA. 93438

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
PURCHASING DEPARTMENT  
UNIVERSITY OF CALIFORNIA  
SANTA BARBARA, CA. 93106-1150

COUNTY OF SANTA BARBARA  
ATTN: GENERAL SERVICES/PURCHASING  
1100 ANACAPA STREET  
SANTA BARBARA, CA 93101

THE STATE OF CALIFORNIA, TRUSTEES OF THE CALIFORNIA STATE  
UNIVERSITY, CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS  
OBIPSO, AND EACH OF THEIR OFFICER, OFFICIALS, EMPLOYEES,  
AUTHORIZED REPRESENTATIVES, AGENTS AND VOLUNTEERS, THE CSU  
CALIFORNIA POLYTECHNIC STATE UNIVERSITY  
ATTN: CONTRACT AND PROCUREMENT SERVICES  
SAN LUIS OBIPSO, CA 93407

CENTRAL COAST WINE SERVICES  
2717 AVIATION WAY STE 101  
SANTA MARIA, CA 93455

UNITED LAUNCH ALLIANCE  
9100 EAST MINERAL CIRCLE  
CENTENNIAL, CO 80112

Form IH 12 00 11 85 T SEQ. NO. 001 Printed in U.S.A. Page 001 (CONTINUED ON NEXT PAGE)  
Process Date: 03/03/11 Expiration Date: 05/15/12

INSURED COPY

03555

\*2100251DD46250112





Coverage:	Workers' Compensation	Account Name:	Lebards Computer Center
Underwritten by:	AMERICAN CASUALTY COMPANY (20427)	Policy Period:	09/10/2011 - 09/10/2012

**WORKERS' COMPENSATION**

FEIN

953409373

**Employers' Liability Limits**

Limit

Bodily Injury by Accident (Per Accident)	\$1,000,000
Bodily Injury by Disease (Policy Limit)	\$1,000,000
Bodily Injury by Disease (Each Employee)	\$1,000,000

Rating Information

Rating Period 09/10/2011 - 09/10/2012

<u>Location</u>	<u>State</u>	<u>Class Code</u>	<u>Class Description</u>	<u>Payroll / Premium Basis</u>	<u>Rate</u>	<u>Est. Annual Premium</u>
1	CA	8810	Clerical Office Employees	\$66,165	.460	\$304.00
	CA	5191	Computer or Computer System Installation, Inspection, Adjustment or Repair	\$162,806	1.940	\$3,158.00
Class Total for Location #1						\$3,462.00
Class Total for CA						\$3,462.00
		9812	Company Surcharge-Incr Empl Liab Lmts		.0000	\$0.00
Modified Premium						\$3,462.00
Total Estimated Standard Premium						\$3,462.00
		0064	Premium Discount - Non Stock		.0000	\$0.00
		0900	Expense Constant NCCI Revised Program		.0000	\$200.00
		9740	Terrorism Premium		.0200	\$46.00
Total Estimated Premium						\$3,708.00
		0988	California Surcharge		2.56%	\$95.00
		0987	California Assessment		1.4721%	\$55.00
		9711	California Fraud Surcharge		.4348%	\$16.00
		9712	UNINSURED EMPLOYER BENEFIT FUND ASSMT		.4101%	\$15.00
		9714	SUBSEQ INJURIES BENEFIT FUND ASSMNT		.1776%	\$7.00
		0939	CA Occupational Safety & Health Assmnt		.2467%	\$9.00
		9749	CA Labor Enforcement Assmnt		.2315%	\$9.00
Total Estimated Cost						\$3,914.00

**Total Workers' Compensation Premium:**

\$3,914.00

