

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2016

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	CONTACT NAME:					
MG Skinner & Associates 11030 Santa Monica Blvd., Suite 207	PHONE (A/C, No, Ext): (310) 478-5041	FAX (A/C, No): (310	479-8707			
Los Angeles, CA 90025	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : Zurich American Insurance Cor	16535				
The Act 1 Group, Inc., dba ATIMS P.O. Box 29048 Glendale, CA 91209-9048	INSURER B : American Guarantee And Liability Insura	26247				
	INSURER C : Ace American Ins Co	22667				
	INSURER D:					
	INSURER E :					
	INSURER F:					

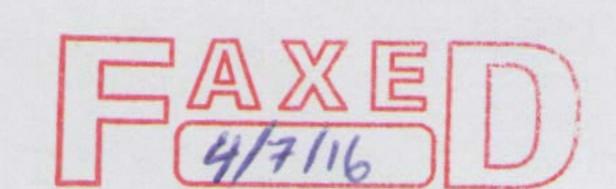
COVERAGES CERTIFICATE NUMBER:

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	INSD		501101/11/11/15	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X	COMMERCIAL GENERAL LIABILITY	X				EACH OCCURRENCE	\$	3,000,000	
		CLAIMS-MADE X OCCUR			PRA 9698691-04	04/01/2016	04/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	General Liability						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	3,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:							\$	
A	AUT	OMOBILE LIABILITY			PRA 9698691-04	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
								\$		
В	X	UMBRELLA LIAB X OCCUR				04/01/2016	04/01/2017	EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			UMB9467218-04			AGGREGATE	\$	10,000,000
		DED X RETENTION\$							\$	
С		KERS COMPENSATION					X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WLRC48604675	04/01/2016	04/01/2017	E.L. EACH ACCIDENT	\$	1,000,000		
						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
		cribe under						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Crin	ne (3rd Party)			PRA 9698691-04	04/01/2016	04/01/2017	17 Occurrence/Aggregate		3,000,000
A	E&C	Prof. Liability			PRA 9698691-04	04/01/2016	04/01/2017	Occurrence/Aggregate		3,000,000
4										

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

Santa Barbara County Sheriffs Department is an additional insured under the General Liability policy.



CERTIFICATE HOLDER

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CANCELLATION

Santa Barbara County Sheriffs Department Attn: Kristie Velasco 4436 Calle Real Santa Barbara, CA 93110 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

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