Contract Log	#
---------------------	---

COUNTY OF MARIN STANDARD SHORT FORM CONTRACT

THIS AC	GREEMENT	is made	and	ent	ered into	this _	day of		, 2007 by and	d between th	ie COUNT	ΓΥ (OF
MARIN,	hereinafter	referred	to	as	"County"	and	NELSON/NYGAARE	CONSULTING	ASSOCIATES,	hereinafter	referred	to	as
'Contrac	tor."												

RECITALS:

WHEREAS, County desires to retain a person or firm to provide the following services: Muir Woods Shuttle Evaluation, Year 3; and

WHEREAS, Contractor warrants that it is qualified and competent to render the aforesaid services;

NOW, THEREFORE, for and in consideration of the agreement made, and the payments to be made by County, the parties agree to the following:

1. SCOPE OF SERVICES:

Contractor agrees to provide all of the services described in Exhibit "A" attached hereto and by this reference made a part hereof.

2. FURNISHED SERVICES:

The County agrees to:

- A. Guarantee access to and make provisions for the Contractor to enter upon public and private lands as required to perform their work.
- B. Make available all pertinent data and records for review.
- C. Provide general bid and contract forms and special provisions format when needed.

3. FEES AND PAYMENT SCHEDULE:

The fees and payment schedule for furnishing services under this Contract shall be based on the rate schedule which is attached hereto as **Exhibit "B"** and by this reference incorporated herein. Said fees shall remain in effect for the entire term of the Contract. Contractor shall provide County with his/her/its Federal Tax I.D. number prior to submitting the first invoice. *

4. MAXIMUM COST TO COUNTY:

In no event will the cost to County for the services to be provided herein exceed the maximum sum of \$34,405.00 including direct non-salary expenses.

5. TIME OF AGREEMENT:

This Agreement shall commence on the day first above written, and shall terminate on January 31, 2008. Certificate(s) of Insurance must be current on day Contract commences and if scheduled to lapse prior to termination date, must be automatically updated before final payment may be made to Contractor. The final invoice must be submitted within 30 days of completion of the stated scope of services.

6. INSURANCE:

All required insurance coverages shall be substantiated with a certificate of insurance and must be signed by the insurer or its representative evidencing such insurance to County. The general liability policy shall be endorsed naming the County of Marin as an additional insured. The certificate(s) of insurance and required endorsement shall be furnished to the County prior to commencement of work. Each certificate shall provide for thirty (30) days advance notice to County of any cancellation in coverage. Said policies shall remain in force through the life of this Contract and shall be payable on a per occurrence basis only, except those required by paragraph 6.4. a. and b. which may be provided on a claims-made basis consistent with the criteria noted therein.

Nothing herein shall be construed as a limitation of Contractor's liability, and Contractor shall indemnify and hold the County, its employees, officers, and agents, harmless and defend the County against any and all claims, damages, losses and expense that may arise by reason of the Contractor's negligent actions or omissions. County agrees to timely notify Contractor of any negligence claim.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, County may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

A request for a waiver of any of the following insurance requirements must be set forth on **Exhibit "C"** attached hereto. A waiver must address reduced amounts of coverage or the type of coverage waived entirely.

6.1 GENERAL LIABILITY

The Contractor shall maintain a commercial general liability insurance policy in an amount of no less than one million dollars (\$1,000,000.00). The County shall be named as an additional insured on the commercial general liability policy and the Certificate of Insurance shall include an additional endorsement page. (see sample form: ISO - CG 20 10 11 85).

Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

6.2 AUTO LIABILITY

Where the services to be provided under this Contract involve or require the use of any type of vehicle by Contractor in order to perform said services, Contractor shall also provide comprehensive business or commercial automobile liability coverage including non-owned and hired automobile liability in the amount of one million dollars (\$1,000,000.00).

Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

6.3 WORKERS' COMPENSATION

The Contractor acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that Code, and it certifies that it will comply with such provisions before commencing the performance of the work under this Contract. If Contractor has employees, a copy of the certificate evidencing such insurance or a copy of the Certificate of Consent to Self-Insure shall be provided to County prior to commencement of work.

Insurance Reduction or Waiver of Coverage Requested (Exhibit "C")

6.4 OTHER INSURANCES

Contractor may be required to carry additional insurance based upon the nature of the work to be performed (scope of services). For each additional required insurance, a corresponding certificate of insurance must be provided. Claims-made policies must have a retroactive date either prior to the effective date of the Contract or the beginning of the Contract work. Claims-made coverage must extend a minimum of twelve (12) months beyond completion of Contract work or end of current Contract, whichever is later. If coverage is cancelled or non-renewed, and not replaced with another claims made policy with a retroactive date prior to the Contract effective date, the Contractor must purchase extended reporting coverage for a minimum of twelve (12) months beyond completion of Contract work. Contractor shall maintain a policy limit of not less than one million dollars (\$1,000,000) per incident, with a deductible or self-insured retention not to exceed *\$2,500 unless approved by the County.

6.4.a Professional Liability Insurance	(check box if required)
*Deductibles greater than \$2,500 require Insurance F	Reduction/Waiver form (Exhibit "C") to be completed.
6.4.b Maritime Insurance	(check box if required)

7. NONDISCRIMINATORY EMPLOYMENT:

Contractor and/or any permitted subcontractor, shall not unlawfully discriminate against any individual based on race, color, religion, nationality, sex, sexual orientation, age or condition of disability. Contractor and/or any permitted subcontractor understands and agrees that Contractor and/or any permitted subcontractor is bound by and will comply with the nondiscrimination mandates of all Federal, State and local statutes, regulations and ordinances.

8. **SUBCONTRACTING**:

The Contractor shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the County except for any subcontract work identified herein. If Contractor hires a subcontractor under this Agreement, Contractor shall require subcontractor to provide and maintain insurance coverage(s) identical to what is required of Contractor under this Agreement and shall require subcontractor to name Contractor as additional insured under this Agreement. It shall be Contractor's responsibility to collect and maintain current evidence of insurance provided by its subcontractors and shall forward to the County evidence of same.

9. ASSIGNMENT:

The rights, responsibilities and duties under this Contract are personal to the Contractor and may not be transferred or assigned without the express prior written consent of the County.

10. LICENSING AND PERMITS:

The Contractor shall maintain the appropriate licenses throughout the life of this Contract. Contractor shall also obtain any and all permits which might be required by the work to be performed herein.

11. BOOKS OF RECORD AND AUDIT PROVISION:

Contractor shall maintain on a current basis complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work on this Contract. In addition, Contractor shall maintain detailed payroll records including all subsistence, travel and field expenses, and canceled checks, receipts and invoices for all items. These documents and records shall be retained for at least five years from the completion of this Contract. Contractor will permit County to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within a maximum of fifteen (15) days upon receipt of written notice from County. Contractor shall refund any monies erroneously charged.

12. TITLE:

Any and all documents, information and reports concerning this project prepared by the Contractor, shall be the property of the County. The Contractor may retain reproducible copies of drawings and copies of other documents. In the event of the termination of this Contract, for any reason whatsoever, Contractor shall promptly turn over all information, writing and documents to County without exception or reservation.

13. TERMINATION:

- A. If the Contractor fails to provide in any manner the services required under this Contract or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the County may terminate this Contract by giving five (5) calendar days written notice to the party involved.
- B. The Contractor shall be excused for failure to perform services herein if such services are prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
- C. Either party hereto may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
- D. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract so long as proof of required insurance is provided for the periods covered in the Contract or Amendment(s).

14. RELATIONSHIP BETWEEN THE PARTIES:

It is expressly understood that in the performances of the services herein, the Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent contractor and not as officers, employees or agents of the County. Contractor shall be solely responsible to pay all required taxes, including but not limited to, all withholding social security, and worker's compensation.

15. AMENDMENT:

This Contract may be amended or modified only by written agreement of all parties.

16. ASSIGNMENT OF PERSONNEL:

The Contractor shall not substitute any personnel for those specifically named in its proposal unless personnel with substantially equal or better qualifications and experience are provided, acceptable to County, as is evidenced in writing.

17. JURISDICTION AND VENUE:

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Marin County, California.

18. INDEMNIFICATION:

Contractor agrees to indemnify, defend, and hold County, its employees, officers, and agents, harmless from any and all liabilities including, but not limited to, litigation costs and attorney's fees arising from any and all claims and losses to anyone who may be injured or damaged by reason of Contractor's willful misconduct or negligent performance of this Contract. Nothing herein shall be construed as a limitation of Contractor's liabilities.

19. COMPLIANCE WITH APPLICABLE LAWS:

The Contractor shall comply with any and all Federal, State and local laws (including, but not limited to the County of Marin Nuclear Free Zone, Living Wage Ordinance, and Resolution #2005-97 of the Board of Supervisors prohibiting the off-shoring of professional services involving employee/retiree medical and financial data) affecting services covered by this Contract. Copies of any of the above-referenced local laws and resolutions may be secured from the County's contact person referenced in paragraph 20. NOTICES below.

20. NOTICES:
This Contract shall be managed and administered on County's behalf by the Department Contract Manager named below.
All invoices shall be submitted and approved by this Department and all notices shall be given to County at the following location:

•	,	Contract Manager:	Saaid Fakharzadeh, Assistant Director	
		Dept./Location:	Marin County Department of Public Works	
			P. O. Box 4186	
			San Rafael, CA 94913-4186	
		Telephone No.:	415 499-6521	
Notices shall be		o Contractor at the fo	-	
	_(Contractor:	Bonnie W. Nelson	·
			Nelson/Nygaard Consulting Associates	
	P	Address:	785 Market Street, Suite 1300	
			San Francisco, CA 94103	_
		Telephone No.:	415 28 4 1544	
21 ACKNOW	LECEM	ENT OF EVUIDITE	ľ	
ZI. ACKIYOW	LEGEIM	ENT OF EXHIBITS	CONTRACTOR'S INITIALS	
			SCHILL STATE OF THE PARTY OF TH	
EXHIBIT A.	\boxtimes	Scope of Servic	$\mathcal{O}(\mathcal{O})$	
			9 1 1 1.	_
EXHIBIT B.	\boxtimes	Fees and Payme	ent DV / DV	
				_
EXHIBIT C.		Insurance Redu	ction/Waiver	
		•		_
IN WITNESS W	HEREO	F, the parties have e	executed this Contract on the date first above written.	
			ADDROVED DV	
			APPROVED BY COUNTY OF MARIN:	
			COUNTY OF MARIN:	
			Ву:	
			PRESIDENT, Board of Supervisors	•
NELSON/NYGA	ARD C	ONSULTING ASSO	CIATES:	
- (2)n	1 41 -	01. 1100	on Barnew Neth	
By:(\(\mathcal{O}\) \(\begin{array}{c}\) \(\bext{array}\) \(\begin{array}{c}\) \(\begin{array}{c}\) \(ar	The the		o passeur of	
Name:		e WNelson	······································	
Telephone No.:_		415-284-1544	<u>></u>	
	*********		Markatinastilkatinastanastanastanastilkatinastanastanastanastanastanastanastana	
			VAL (Only required if any of the noted reason applies)	
REASON(S) RE			, , , , , , , , , , , , , , , , , , ,	
			upervisor's Approval	
		Short Form Content		
☐ Opt	tional R	eview by County Co	ounsel at Department's Request	
		. / Son 3	1) Hans	
County	Couns	el:	J., 90	
Date:		V 2/2	3107'	
Date:				

EXHIBIT "A"

SCOPE OF SERVICES (required)

Muir Woods Shuttle Evaluation- Year 3

Nelson/Nygaard will provide monitoring and evaluation consulting services related to the Muir Woods pilot shuttle demonstration program. The following modifications have been made to the year 3 of the shuttle program:

- Increasing service to a consistent 20 minute frequency from Memorial Day to Labor Day, consistent with the 2006 service hours.
- Adding a new service that will meet the ferries in Sausalito and then traveling to the Woods via Pohono and Manzanita.
- Expanding service to the shoulder season during the month of May and September.

In order to evaluate the impact of these changes, as well as continuing to provide a consistent evaluation of the overall service, Nelson/Nygaard proposes the following evaluation methodology:

- 1. Complete surveys and ride checks on a total of four weekends. In order to capture the impact of the longer service period, Nelson/Nygaard recommends collecting data on the following weekends:
 - one shoulder weekend in May
 - one regular season weekend in July, after the 4th of July holiday
 - Labor Day weekend
 - one shoulder weekend in September

Conducting surveys on these four weekends will enable the County and its partners to determine the value of extending the season beyond the Memorial Day-Labor Day period and will provide good coverage throughout the season to determine whether travel patterns change during the period when service is provided.

2. Add survey staff as necessary to cover all trips and to cover the new Sausalito ferry route. As Nelson/Nygaard has done in the past, every effort will be made to cover all trips on all four weekends. This requires expanded staffing to cover the added frequency and Sausalito service.

In summary, the following information will be obtained over four weekends.

Operational Characteristics (Obtained through Ride checks)

- On-time performance
- Productivity (passengers per hour)
- Concentrations/patterns of boarding and alighting by stop and time of day.

Exhibit "A" Scope of Services (continued)

Rider Attitudes and Demographics (Obtained through On-board Survey)

- Who is using the service?
- How do they get to the shuttle?
- · Was information about the service easy to find and use?
- How well did the service meet their needs?
- How often do they use the shuttle, or how often do they plan to use the shuttle?
- Would they have made this trip to Muir Woods without the service?
- Is the service reducing auto traffic to Muir Woods?
- Rider perceptions to improve the service
- Rider demographics

Non-Rider Information (Obtained through intercept survey)

- Awareness of shuttle service
- Reasons for preferring other modes
- Length of time looking for parking and parking cost
- Possible improvements to encourage shuttle use.
- Travel behavior and demographic information.

To complete this comprehensive assessment of the success of the Muir Woods service, and to provide information for planning service in subsequent years of the demonstration; Nelson/Nygaard recommends four different types of data collection and analysis:

- A 100% ride check, with surveyors riding all trips on sample days. The ride check would be designed to evaluate all of the operational variables mentioned above. Surveyors on-board the buses would also distribute and collect on-board surveys while riding the bus.
- A survey of passengers taken on board the bus. Passengers would receive a survey on board the bus and would be asked to complete the survey while riding. The survey will be designed to be brief, with English and Spanish translations each on one side of a two-sided form. The on-board survey is the best tool for receiving demographic and attitudinal information from riders.
- An intercept survey of non-riders. An intercept survey taken at the park entrance will provide information about visitors who do not choose to ride the shuttle.

All data will be collected on four weekends as described above. This information will be combined with total rider ship counts from Golden Gate Transit and daily visitation information from the Park Service to create a comprehensive evaluation report within 60 days of the completion of data collection.

Because this is the third and final year of the pilot program, additional emphasis will be placed on trends analysis and changes over time. Recommendations for future changes to the shuttle as well as any potential longer term revenue sources will be discussed.

The budget also includes two meetings with staff and a single presentation to the Board of Supervisors at the end of the evaluation period.

EXHIBIT "B"

FEES AND PAYMENT SCHEDULE (required)

The Contractor shall be paid up to the maximum sum indicated in Section 4 of this agreement. Payment shall be made to Contractor upon receipt of monthly, itemized invoices, in accordance with the following fee schedule:

Muir Woods Shuttle Evaluation - Year 3 Evaluation

									Total	Total
Task	B Nels	son	Supe	rvisor	Surv	eyors	Produ	uction	Hours	Cost
	\$ 1	50	\$	75	\$	25	\$	85		
	<u> </u>			,						
Ridecheck 4 service weekends		16		60		150		8	234	\$ 11,330
On Board Survey		4		60		85			149	\$ 7,225
Intercept Survey at Muir Woods		8		45		85			138	\$ 6,700
Report Preparation and Presentation		16		50				20	86	\$ 7,850
Subtotal		44		215		320		28	607	\$ 33,105
Direct Expenses										
Communications (phone, fax, mail)										\$ 50
Travel (mileage, tolls and parking)										\$ 250
Production (copies and report					•					4 000
production)										\$ 1,000
Subtotal										\$ 1,300
TOTAL COST										\$ 34,405

EXHIBIT "C"

INSURANCE REDUCTION/WAIVER (if applicable)

Nelson/Nygaard Consulting Associates

CONTRACTOR:

Page 8 of 8

CONTRACT TITLE Muir Woods Shuttle Evaluation,	Year 3							
This statement shall accompany all requests for a reduction if a waiver is requested or fill in the reduced coverage(s) when the reduced coverage is requested or fill in the reduced coverage.	n/waiver of insurandere indicated below Check Where Applicable	ce requirements. w: Requested Limit Amount	Please check t CAO Use Only	he box				
General Liability Insurance		 \$						
Automobile Liability Insurance		.\$						
Workers' Compensation Insurance								
Professional Liability Deductible		\$						
Please set forth the reasons for the requested reductions or	waiver							
Nelson/Nygaard Consulting Associates are covered by Busi		ance.						
-								
		·						
Contract Manager Signature:	Jak 1	he						
Date:	2/21/07							
Extension:	6521		•					
Approved by Risk Manager:								
Date: 2/2	8/07							

MARTINA ASSOCIATES INS AGENCY/BIS 556012 P: (866)467-8730 F: (877)905-0457 556012 P: (866)467-8730 F: (877)905-0457 556012 P: (866)467-8730 F: (877)905-0457 558N ANTONIO TX 78265 SAN ANTONIO TX 78265 NELSON NYGARD CONSULTING ASSOCIATES, INC. 785 NARKET ST. STE 1300 SAN FRANCISCO CA 94103 COVERAGE COVERAGE THE POLICES AGENCY LIVES BLOW HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ESSED TO THE NUMBER AND ABOVE FOR THE POLICE AGENCY LIVES BLOW MAY HAVE BEEN ADDRESS BLOW MAY HAVE BEEN ADDRESS BLOW MAY HAVE BEEN ADDRESS BLOW BROWN AND ADDRESS BLOW MAY HAVE BEEN ADDRESS BLOW BROWN AND ADDRESS BL	1	ACORD, CERTI	FICATE OF LIABIL	ITY INSU	JRANCE	D JN U 0 22	DATE 02-23-2007				
NELSON NYGARD CONSULTING ASSOCIATES, INC. 785 MARKET ST. STE 1300 SAN PERHOTISO CA 94103 COMPAGES THE PRINCIPAGE OF REMARKE USETO BELOW LAWS BEEN INSUED TO THE INSUED HEAVER STEEL INC. 785 MARKET ST. STE 1300 SOUTH PRINCIPAGE OF REMARKE USETO BELOW LAWS BEEN INSUED TO THE INSUED HEAVER STEEL INSUED TO THE INS	M <i>F</i> 55	ARINA ASSOCIATES 3 66012 P:(866)467-8	The state of the s	ONLY AND HOLDER,	ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR						
NELSON NYGARRO CONSULTING ASSOCIATES, INC. 785 MARKET ST. STE 1300 SAN FRANCISCO CA 94103 COMERCIAES THE FOREST OF RESUltate LISTS BELOW MAY HERR WESTED THE NESTED HAVE ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CA 94103 COMERCIAES THE FOREST OF RESUltate LISTS BELOW MAY HERR WESTED TO THE NESTED HAVE ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CAN CONTRACT OF THE NESTED HAVE AND ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CAN CONTRACT OF THE NESTED HAVE AND ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CAN CONTRACT OF THE NESTED HAVE AND ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CAN CONTRACT OF THE NESTED HAVE AND ABOVE FOR THE FOREST WHICH HE STATES AND FRANCISCO CAN CONTRACT LIBRARY FOREST WATER AND ABOVE FOR THE FOREST WHICH HE STATES AND ABOVE FOR THE FOREST WHICH HE STATES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND ABOVE FOR THE FOREST WHITH FOREST PARTIES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND ABOVE FOR THE FOREST WHITH FOREST PARTIES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND ABOVE FOR THE FOREST WHITH FOREST PARTIES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND ABOVE FOR THE FOREST WHITH FOREST PARTIES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND ABOVE FOR THE FOREST WHITH FOREST PARTIES AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT HAVE BEEN RESIDED OF ANY MEMBERS. FOREST WATER AND CONTRACT	SA	AN ANTONIO TX 7826	65								
INC. 78.5 MARKET ST. STE 1300 SAN FRANCISCO CA 94103 THE PRICES OF INSURANCE USED BELOW TAVE BEEN ISSUED TO THE INSURE NAMED AROVE FOR THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE MARKET AROVE FOR THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THAT PRICES DESCRIPTION AND THE POLCY PERIOD MIDCATED MOVING THE POLCY PERIOD MOVING AND CONDITIONS OF SUCH POLCY PERIOD MOVING AND CONDITIONS OF SUCH POLCY PERIOD MOVING AND THE POLCY PERIOD MOVING AND T							0				
RAN PRANCISCO CA 94103 COVERAGES THE FOLICIES OF INSURANCE USTED BEIGN/ WAVE BEEN ISSUED TO THE INSURED MANUE PROPERTY PERIOR INDICATES INSURING MANY BEEN ISSUED TO THE INSURED MANUE PROPERTY PERIOR INDICATES INSURING MANY BEEN ISSUED TO THE INSURED MANUE PROPERTY PERIOR INDICATES INSURING MANY PERIOR PROPERTY PERIOR CONDITION OF ANY CONTRACT OR O'LL HE DOCUMENT WITH RESPECT TO WHICH THIS CENTRE CATE MAY BE SEND OR MANY PERIOR PROPERTY PROPERTY PROPERTY PERIOR INDICATES INSURING MANY PERIOR PROPERTY PROPERTY PERIOR PROPERTY PROPERTY PERIOR INDICATES INSURING MANY PERIOR PROPERTY PROPERTY PERIOR PERIOR PROPERTY PERIOR PERIOR PROPERTY PERIOR PERIOR PROPERTY PERIOR PERIO			BULTING ASSOCIATES,	INSURER B: Th	e Hartfor	d Ins Group					
SAN FRANCISCO CA 94103			1300		INSURER C:						
THE POLICES OF RISURANCE LISTED BILDOW HAVE BREEN ISSUED TO THE INSURED NAMED AROVE FOR THE POLICY PUBLICATION INDICATED. NOTWITTS SANDING NAME (ROUBLEMBER) IT THE MODERN AND RESIDENCE TO WHICH THIS CERTIFICATE MAY BE SISSUED OF MAY PERT MAY IT IN SURBACK AND SHOULD AND YEAR OF COUNTRY AND SERVING PUBLIC SEVERAL PROJECT OF A CHIEF TERMINE SERVING TO ALTHE TERMINE SECURITY OF ALTH THE SERVENT TO ALTHE TERMINE SECURITY OF A CHIEF TO ALTHE TERMINE TO THE CERTIFICATION OF A CHIEF TO ALTHE TERMINE SECURITY OF A CHIEF TO ALTHE TERMINE SECURITY OF A CHIEF TO ALTHE											
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR INDICATES. MOTIONITISS AND INCOMPANY HAVE ITSUED OF CONTRACT ROLL HAVE BEEN FOUNDED IN THE POLICY PERIOR OF MAY PERIAM. THE INSURANCE ALFORDED BY THE POLICY BEEN BEEN IN SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH MAY HAVE BEEN BEEN INCOMED BY THE POLICY BEEN BEEN IN SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH MAY HAVE BEEN INCOMED BY THE POLICY BEEN BEEN INCOMED. THE POLICY BEEN BEEN INCOMED BY THE POLICY BEEN BEEN BEEN INCOMED. THE POLICY BEEN BEEN BEEN INCOMED. THE POLICY BEEN BEEN BEEN INCOME. THE POLICY BEEN BEEN BEEN BEEN INCOMED. THE POLICY BEEN BEEN BEEN BEEN BEEN BEEN BEEN BEE			±102	INSURER E:	INSURER E:						
Commence California Laboration State California Laborati	T A V P	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									
A COMMERCAL CORRESAL LARGE IV COMMENTAL MARKE X DOCUMENTS AND CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE LARGE MAY WELL AS THE CONTROL OF THE DAMAGE MAY WELL AS THE CONTRO	INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	ΓS				
CLAMMS MADE X DOCUM X Business Liab		GENERAL LIABILITY				EACH OCCURRENCE	\$2,000,000				
Resonal & Advisure \$2,000,000 Sendal Address \$4,000,000 Sendal Address \$4,000,000 Sendal Address \$4,000,000 Sendal Address \$4,000,000 SexCeluded \$2000,000 SexCeluded \$2000,000 SexCeluded \$2000,000 SexCeluded \$2,000,000 \$2,000,0	A		- · · · · - · · ·	12/01/06	12/01/07	FIRE DAMAGE (Any one fire)	· · · · · · · · · · · · · · · · · · ·				
GENERAL AGGREGATE LIMIT APPLES FOR POLICY SET X Loc ALTOMORISE LIMITIATIVES FOR STATE STA						MED EXP (Any one person)					
STATE OF THE PROOF OF PROOF OF PROOF ASS EXCLUDED		X Business Liab				PERSONAL & ADV INJURY					
POUCH SPEC X Loc						GENERAL AGGREGATE					
AUTOMORE LARRIETY ALL OWNED AUTOS SCHEDULED AU						PRODUCTS - COMP/OP AGG	*Excluded				
SCHEDULED AUTOS HIRED AUTOS SOCIOUS SOCIEUS SOCIOUS SOC	A	AUTOMOBILE LIABILITY	57 SBA AV1578	12/01/06	12/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000				
Non-owned autos Property Damage #							\$				
GRAGE LABILITY ANY AUTO AND BEACE \$ 1,000,000 BAGGREGATE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ 1,000,000 BL DISEASE POLICY LIMIT AUTOMILIAR OTHER BEACE \$ 1,000,000 AGGREGATE \$ 1,000,000 BL DISEASE POLICY LIMIT AUTOMILIAR OTHER BL EACH ACCIDENT \$ 1,000,000 BL DISEASE POLICY LIMIT \$ 1,000,000 BL DISEASE POLICY LIMI						BODILY INJURY (Per accident)	\$.				
ANY AUTO ANY AUTO ANY AUTO AND OCCUR CLAIMS MADE CLAIMS MADE TO SBA AV1578 12/01/06 12/01/07 AGGREGATE SLACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 AGGREGATE \$1,000,000 AGGREGATE \$1,000,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000,000 \$1,							\$				
EXCESS LIABILITY A OCCUR CLAIMS MADE STORE SHARVITY A CANCELLATION MORRERS COMPENSATION AND EMPLOYERS LIABILITY DESCRIPTION OF OFERATIONS ACCATIONS VEHICLE SEXCULSIONS ADDED BY EMPLOYEES LIABILITY DESCRIPTION OF OFERATIONS ACCATIONS VEHICLE SEXCULSIONS ADDED BY EMPLOYEES LIABILITY DESCRIPTION OF OFERATIONS ACCATIONS VEHICLE SEXCULSIONS ADDED BY EMPLOYEES LIABILITY DESCRIPTION OF OFERATIONS ACCATIONS VEHICLE SEXCULSIONS ADDED BY EMPLOYEES ADDED BY EACH OCCURRENCE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000 E		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
A X occur Claims made 57 SBA AV1578 12/01/06 12/01/07 AGGREGATE \$1,000,000 \$ DEDUCTIBLE X RETENTION \$10,000 57 WEC PF8365 09/01/06 09/01/07 X WC STATU 0FFF V WORKER COMPENSATION AND EMPLOYERS LIABILITY 57 WEC PF8365 09/01/06 09/01/07 EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT		ANY AUTO				ALLTO ONLY					
DESCRIPTION OF OPERATIONS ACCATIONS VEHICLE SEE CAUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form SS0008 *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 **SA *** **A WC STATU OTH- **A VIC STATU OTH- **A VIC STATU OTH- **A VIC STATU OTH- **A VIC STATU STATU OTH- **I DISEASE - EA EMM-OVEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,		EXCESS LIABILITY			·	EACH OCCURRENCE					
WORKERS COMPENSATION AND WORKERS COMPENSATION AND MORRES COMPENSATION AND TOTHER 57 WEC PF8365 09/01/06 09/01/07 EL. EACH ACCIDENT £L. EACH ACCIDENT \$1,000,000 EL. DISEASE - FOLICY LIMIT \$1,000,000 EL. DI	A	X OCCUR CLAIMS MADE	57 SBA AV1578	12/01/06	12/01/07	AGGREGATE					
WORKERS COMPENSATION AND B WORKERS COMPENSATION AND EMPLOYERS LABBILITY 57 WEC PF8365 09/01/06 09/01/07 EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000 EL DISEAS		DEDUCTIBLE									
WORKERS COMPENSATION AND EMPLOYERS LIABBLITY 57 WEC PF8365 09/01/06 09/01/07 EL. EACH ACCIDENT \$1,000,000 EL. DISEASE - EA EMPLOYEE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000							T				
B PROPOSED BY WEC PF8365 09/01/06 09/01/07 EL. EACH ACCIDENT \$1,000,000 EL. DISEASE - EA EMPLOYEE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000 EL. DISEASE - EA EMPLOYEE \$1,000,						X WC STATU- OTH-	,				
OTHER DESCRIPTION OF OPERATIONS ACCATIONS VEHICLES VEX CLUSIONS ADDED BY ENDORS EMENT/SPECIAL PROVISIONS Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form \$50008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works 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 (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR ILABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE *MARTIN COUNTY DEPARTMENT OF THE SECONDARY OF THE INSURER FOR NON-PAYMENT OF THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR ILABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. *AUTHORIZED REPRESENTATIVE	В	EMPLOYERS' LIABILITY	57 WEC PF8365	09/01/06	09/01/07		\$1,000,000				
DESCRIPTION OF OPERATIONS/ACCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form SS0008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED: INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 EL. DISEASE - POLICY LIMIT \$1,000,000 *Insured Superations and Provisions EL. DISEASE - POLICY LIMIT \$1,000,000 *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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE											
DESCRIPTION OF OPERATIONS/ OCCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form \$50008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 AUTHORIZED REPRESENTATIVE *MILL REPORT OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE						E.L. DISEASE - POLICY LIMIT	\$1,000,000				
Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form SS0008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 AUTHORIZED REPRESENTATIVE **Representatives.** A CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVE AUTHORIZED REPRESENTATIVE		OTHER									
Those usual to the Insured's Operations. In regards to project Muir Woods Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form SS0008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 AUTHORIZED REPRESENTATIVE **Representatives.** A CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVE AUTHORIZED REPRESENTATIVE	055	COUNTION OF ODER ATIONS OF THE TOTAL OF THE		5044 5004							
Shuttle Program. Marin County Department of Public Works is listed as Additional Insured to the policy per the Business Liability Form SS0008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED, INSURER LETTER: A CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVES. San Rafael, CA 94913 AUTHORIZED REPRESENTATIVE							7. 1				
Additional Insured to the policy per the Business Liability Form SS0008 attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVE AUTHORIZED REPRESENTATIVE	Tn	ose usual to the	insured's Operation	s. in reg	ards to p	roject Muir V	loods				
attached to this policy. CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE	Sn	uttle Program. Ma	rin County Departme	nt of Pub	Ilc Works	is listed as	\$				
CERTIFICATE HOLDER X ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 *ADDITIONAL INSURER LETTER: A CANCELLATION 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 (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				ne Busine	ss Llabil	ity Form SSU	08				
*Marin County *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 *Hould any of the Above Described Policies be cancelled before the Expiration Date thereof, the Issuing Insurer Will endeavor to Mail 30 Days Written Notice (10 Days for Non-Payment) 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 Representatives. *Authorized Representative*	at	accadined to this policy.									
*Marin County *Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 *Hould any of the Above Described Policies be cancelled before the Expiration Date thereof, the Issuing Insurer Will endeavor to Mail 30 Days Written Notice (10 Days for Non-Payment) 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 Representatives. *Authorized Representative*	CE.	STIEICATE HOLDED V	DITIONAL (NOLIDED MOLIDED LETTER. A	CANCELLATI	ION						
*Marin County Department of Public Works PO Box 4186 San Rafael, CA 94913 *Marin County Authorized Representative EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		ADI	UTTOWAL INSURED; INSURER LET TER: A			CRIRED POLICIES DE CANO	ELLED RECORT TUE				
AUTHORIZED REPRESENTATIVE	De P0	partment of Publi Box 4186		EXPIRATION DA 30 DAYS WRIT HOLDER NAMEI OBLIGATION OI	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) 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						
	Sa	n Ratael, CA 9491	.3								

- (9) Arising out of an electronic chat room or bulletin board you host, own, or over which you exercise control;
- (10) Arising out of the unauthorized use of another's name or product in your email address, domain name or metatag, or any other similar tactics to mislead another's potential customers;
- (11) Arising out of the violation of a person's right of privacy created by any state or federal act.

However, this exclusion does not apply to liability for damages that the insured would have in the absence of such state or federal act;

- (12) Arising out of:
 - (a) An "advertisement" for others on your web site;
 - (b) Placing a link to a web site of others on your web site; or
 - (c) Content from a web site of others displayed within a frame or border on your web site. Content includes information, code, sounds, text, graphics or images;
- (13) Arising out of a violation of any antitrust law; or
- (14) Arising out of the fluctuation in price or value of any stocks, bonds or other securities.

Exclusions c. through I., k., I., m. and n. do not apply to damage by fire, lightning or explosion to premises ranted to you. A separate Limit of insurance applies to this coverage as described in Section D. - LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE.

2. Applicable to Medical Expenses Coverage

We will not pay expenses for "bodily injury":

a. Any insured

To any insured, except "volunteer workers".

b. Hirad Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

c. Injury On Normally Occupied Pramises

To a person injured on that part of premises you own or rent that the person normally occupies.

BUSINESS LIABILITY COVERAGE FORM

d. Workers Compensation And Similar Laws

To a person, whether or not an "employee" of any insured, if banefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or a similar law.

e. Athletics Activities

To a person injured while taking part in athletics.

f. Products-Completed Operations Hazard Included with the "products-completed

operations hazard".
g. Business Liability Exclusions

Excluded under Business Liability Coverage.

h. War

Due to war, whether or not declared, or any act or condition incidental to war. War includes civil war, insurrection, rebellion or revolution.

C. WHO IS AN INSURED

- If you are designated in the Declarations as:
 - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - A partnership or joint venture, you are an insured. Your members, your partners and their epouses are also insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an inaured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your manager.
 - d. An organization other than a partnership or joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
 - A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- 2. Each of the following is also an insured:

- a. Your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the acope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" is an insured for:
 - "Bodily injury" or "personal and advertising injury";
 - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-"employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business;
 - (b) To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of Paragraph (1)(a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
 - (d) Arising out of his or her providing or falling to provide professional health care services.
 - (2) "Property damage" to property:
 - (a) Owned, occupied or used by; or
 - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- Any person (other than your "employee"), or any organization while acting as your real estate manager.
- Any person or organization having proper temporary custody of your property if you die, but only:
 - With respect to liability arising out of the maintenance or use of that property; and

- (2) Until your legal representative has been appointed.
- d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.
- Any "employee" of the insured while acting in the acope of his/her duties as a retail pharmacist, or optician or optometrist.
- f. Additional insureds by Contract, Agreement or Permit

Any person or organization with whom you agreed, because of a written contract or agreement or permit, to provide insurance such as is afforded under this Business Liability Coverage Form, but only with respect to your operations, "your work" or facilities owned or used by you:

However, coverage under this provision does not apply:

- (1) Unless the written contract or agreement has been executed or a permit has been issued prior to the "bodily injury", "property damage" or "personal and advertising injury".
- (2) To any person or organization included as an insured under provision g. (Broad Form Vendors).
- (3) To any other person or organization shown in the Declarations as an Additional insured.

Goverage under this provision includes the following:

- (1) When an angineer, architect or surveyor becomes an insured under provision 2.f., the following additional exclusion applies:
 - "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you including:
 - (a) The preparing, approving, or failure to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; and
 - (b) Supervisory, inspection, architectural or engineering activities.
- (2) When a lessor of leased equipment becomes an insured under provision 2.1., the following additional exclusions apply:

- (a) To any "occurrence" which takes place after the equipment lease expires; or
- (b) To "bodily injury" or "property damage" arising out of the sole negligence of the lessor.
- (3) When owners or other interests from whom land has been leased become an insured under provision 2.f., the following additional exclusions apply:
 - (a) Any "occurrence" which takes place after you cease to lease that land; or
 - (b) Structural alterations, new construction or demolition operations performed by or on behalf of the owners or other interests from whom land has been lessed.
- (4) When managers or lessors of premises become an insured under provision 2.f., the following exclusions apply:
 - (a) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
 - (b) Structural attentions, new construction or demolition operations performed by or on behalf of the manager or lessors of the premises.

g. Additional Insured - Broad Form Vendors

Any person or organization with whom you agreed, because of a written contract or agreement to provide (nsurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

- (1) The insurance afforded the vendor does not apply to:
 - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

BUSINESS LIABILITY COVERAGE FORM

- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in product made intentionally by the vendor;
- (d) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, teating, or substitution of parts under instructions from the manufacturer, and then repackaged in the original conteiner;
- (a) Any failure to make auch inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing or repair operations except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
- (2) This inaurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- (3) This provision g. does not apply to any vendor included as an insured by an endorsement issued by us and made a part of this Coverage Part.
- (4) This provision g. does not apply if "bodily injury" or "property damage" included within the "productscompleted operation hazard" is excluded either by the provisions of the Coverage Part or by endorsement.

h. Broad Form Named Insured

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this coverage form.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

I. Newly Formed or Acquired Organizations

Any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will qualify as a Named insured if there is no other similar insurance available to that organization. However:

- (1) Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
- (2) Coverage under this provision does not apply to:
 - (a) "Bodily injury" or "property damage" that occurred; or
 - (b) "Personal and advertising injury" arising out of an offense

committed before you acquired or formed the organization.

j. Additional insured – Volunteer Workers

Your "volunteer workers", but only while performing duties related to the conduct of your business.

- (1) However, no "volunteer workers" are insureds for:
 - (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of rendering or the fallure to render professional services.
 - (b) "Bodily injury" or "personal and advertising injury":
 - (i) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), your other "volunteer workers" or to your "employees" arising out of and in the course of their duties for you;

- (ii) To the apouse, child, pareni, brother or eleter of your "volunteer workers" or your "employees" as a consequence of paragraph (1) (a) above; or
- (c) "Property damage" to property:
 - (i) Owned, occupied or used by,
 - (ii) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by

you, any of your other "volunteer workers", your "employees", any partner or member (if you are a partnership or joint venture) or any member (if you are a limited liability company).

2. Additional insured - Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Properly damage" to properly owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named insured in the Deciarations.

D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE

- The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - Persons or organizations making claims or bringing "aults".

2. Aggregate Limits

The most we will pay for:

- injury or damages under the "productscompleted operations hazard" arising from all "occurrences" during the policy period is the Products-Completed Operations Aggregate Limit shown in the Declarations.
- All other injury or damages, including medical expenses, arising from all "occurrences" during the policy period is the General Aggregate Limit shown in the Declarations.

This General Aggregate Limit applies separately to each of your "locations" owned by or rented to you.

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway or right-of-way of a railroad.

This aggregate limit does not apply to "property damage" to premises rented to you arising out of fire, lightning or explosion.

Subject to item 2. above, the most we will pay
for the sum of all damages because of all
"bodily injury", "property damage" and medical
expenses arising out of any one "occurrence" is
the Liability and Medical Expenses Limit shown
in the Declarations.

The most we will pay for all medical expenses because of "bodily injury" sustained by any one person is the Medical Expenses Limit shown in the Declarations.

- 4. Subject to item 2. above, the most we will pay for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization is the Personal and Advertising Injury Limit shown in the Declarations.
- 5. The most we will pay under Business Liability Coverage for damages because of "property damage" to premises rented to you, or in the case of fire, while rented to you or temporarily occupied by you with permission of the owner, is the Damage To Premises Rented To You Limit shown in the Declarations.

The Damage to Premises Rented To You Limit applies to all damage proximately caused by the same event, whether such damage results from fire, lightning or explosion or any combination of the three.

If more than one limit of insurance under this policy and any endorsements attached thereto applies to any claim or "suit", the most we will pay under this policy and the endorsements is the single highest limit of liability of all coverages applicable to such claim or "suit". However, this paragraph does not apply to the Medical Expenses limit set forth in paragraph 3. above.

The limits of this policy apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarationa, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS

1. Bankruptcy

Bankruptoy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under the policy.

2. Duties in The Event of Occurrence, Offense, Claim or Suit

- a. You must see to it that we are notified promptly of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
 - How, when and where the "occurrence" or offense took place; and
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) A manager if you are a limited liability company;
- (4) An "executive officer" or insurance manager, if you are a corporation; or
- (5) Any elected or appointed official, if you are a political subdivision or public entity.
- b. If a claim is made or "suit" is brought against any insured, you must:
 - immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive a written notice of the claim or "suit" as soon as practicable.

But this condition will not be considered breached unless the breach occurs after such claim or "suit" is known to anyone listed in 2 .a. (1) through (5) above.

- c. You and any other involved insured must:
 - Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation, settlement of the claim or defense against the "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization that may be liable to the insured because of injury or damage to which this insurance may also apply.
- d. No insureds will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Financial Responsibility Laws

- a. When this policy is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the inaurance provided by the policy for "bodily injury" liability and "property damage" liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.
- b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinaured motorists, no-fault or other coverage required by any motor vehicle law. We will provide the required limits for those coverages.

4. Legal Action Against Us

No person or organization has a right under this coverage form:

- To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- To sue us on this coverage form unless all of its terms have been fully compiled with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Separation of insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

- As if each Named Insured were the only Named Insured; and
- Separately to each insured against whom a claim is made or "suit" is brought.

Unintentional Fallure to Disclose Hazards

It is agreed that based on our reflance on your representations as to existing hazards, if unintentionally you should fail to disclose all such hazards at the inception date of your policy, we shall not deny any coverage under this Coverage Form because of such failure.

7. Other Insurance - Primary Additional Insured

if the written contract or agreement or permit requires this insurance to be primary for any person or organization with whom you agree to include in WHO IS AN INSURED, this Other Insurance Provision is applicable.

if other valid and collectible insurance is available for a loss we cover under this Business Liability Coverage Form, our obligations are limited as follows:

a. Primary insurance

This insurance is primary. We will not seek contributions from other insurance available to the person or organization with whom you agree to include in WHO IS AN INSURED, except when b. applies.

b. Excess insurance

This insurance is excess over:

- (1) Any other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, installation Risk or similar coverage for "your work";

- (b) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
- (e) That is insurance purchased by you to cover your liability as a terrant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
- (d) if the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section A. – Coverages.
- (2) Any other primary insurance available to you covering liability for damages arising out of the premises or operations for which you have been added as an additional insured by attachment of an endorsement.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and selfinsured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this excess of the Limits of insurance shown in the Declarations of this Coverage Part.

c. Method of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first

if any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

This provision provides such insurance as is afforded under this coverage form, but only with respect to your operations, "your work" or facilities owned or used by you.

F. OPTIONAL COVERAGES

If listed or shown as applicable in the Declarations, one or more of the following Optional Coverages also apply. These coverages are subject to the terms and conditions applicable to Business Liability Coverage in this policy, except as provided below:

Additional Insured - Designated Person or Organization

WHO IS AN INSURED under Section C. is amended to include as an insured the person or organization shown in the Declarations, but only with respect to liability arising out of your operations or premises owned by or rented to you.

2. Additional insured - Managers or Lessors of Premises

- a. WHO IS AN INSURED under Section C. is amended to include as an insured the person(s) or organization(s) shown in the Declarations; but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Declarations and subject to the following additional exclusions:
- b. Additional Exclusions

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural attarations, new construction or demolition operations performed by or for that person or organization.

3. Additional insured - Grantor of Franchise

WHO IS AN INSURED under Section C. is amended to include as an insured the person(s) or organization(s) shown in the Declarations, but only with respect to their liability as grantor of franchise to you.

4. Additional insured - Lessor of Leased Equipment

- a. WHO IS AN INSURED under Section C. is amended to include as an insured the person(s) or organization(s) shown in the Declarations, but only with respect to their liability arising out of the maintenance, operation or use by you of equipment lessed to you by such person(s) or organization(s).
- b. Additional Exclusions:

This insurance does not apply:

This Paragraph f. applies separately to you and any additional insured.

3. Financial Responsibility Laws

- a. When this policy is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the policy for "bodily injury" liability and "property damage" liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.
- b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverage required by any motor vehicle law. We will provide the required limits for those coverages.

4. Legal Action Against Us

No person or organization has a right under this Coverage Form:

- To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- To sue us on this Coverage Form unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

- As if each Named Insured were the only Named Insured; and
- Separately to each insured against whom a claim is made or "suit" is brought.

6. Representations

a. When You Accept This Policy

By accepting this policy, you agree:

- The statements in the Declarations are accurate and complete;
- (2) Those statements are based upon representations you made to us; and

(3) We have issued this policy in reliance upon your representations.

b. Unintentional Failure To Disclose Hazards

If unintentionally you should fail to disclose all hazards relating to the conduct of your business at the inception date of this Coverage Part, we shall not deny any coverage under this Coverage Part because of such failure.

7. Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when b. below applies. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.

b. Excess insurance

This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:

(1) Your Work

That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(2) Premises Rented To You

That is fire, lightning or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(3) Tenant Liability

That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner;

(4) Aircraft, Auto Or Watercraft

If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of Section **A.** – Coverages.

(5) Property Damage To Borrowed Equipment Or Use Of Elevators

If the loss arises out of "property damage" to borrowed equipment or the use of elevators to the extent not subject to Exclusion k. of Section A.—Coverages.

(6) When You Are Added As An Additional Insured To Other Insurance

That is other insurance available to you covering liability for damages arising out of the premises or operations, or products and completed operations, for which you have been added as an additional insured by that insurance; or

(7) When You Add Others As An Additional Insured To This Insurance

That is other insurance available to an additional insured.

However, the following provisions apply to other insurance available to any person or organization who is an additional insured under this Coverage Part:

(a) Primary insurance When Required By Contract

This insurance is primary if you have agreed in a written contract, written agreement or permit that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.

(b) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (a) and (b) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty under this Coverage Part to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

BUSINESS LIABILITY COVERAGE FORM

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and selfinsured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

8. Transfer Of Rights Of Recovery Against Others To Us

a. Transfer Of Rights Of Recovery

If the insured has rights to recover all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. This condition does not apply to Medical Expenses Coverage.

b. Waiver Of Rights Of Recovery (Waiver Of Subrogation)

if the insured has waived any rights of recovery against any person or organization for all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, we also waive that right, provided the insured waived their rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage.

F. OPTIONAL ADDITIONAL INSURED COVERAGES

If listed or shown as applicable in the Declarations, one or more of the following Optional Additional Insured Coverages also apply. When any of these Optional Additional Insured Coverages apply, Paragraph 6. (Additional Insureds When Required by Written Contract, Written Agreement or Permit) of Section C., Who is An Insured, does not apply to the person or organization shown in the Declarations. These coverages are subject to the terms and conditions applicable to Business Liability Coverage in this policy, except as provided below:

Additional Insured - Designated Person Or Organization

WHO IS AN INSURED under Section C. is amended to include as an additional insured the person(s) or organization(s) shown in the Declarations, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- a. In the performance of your ongoing operations; or
- b. In connection with your premises owned by or rented to you.

Additional Insured - Managers Or Lessors Of Premises

- a. WHO IS AN INSURED under Section C. is amended to include as an additional insured the person(s) or organization(s) shown in the Declarations as an Additional Insured -Designated Person Or Organization; but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Declarations.
- With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

3. Additional Insured - Grantor Of Franchise

WHO IS AN INSURED under Section C. is amended to include as an additional insured the person(s) or organization(s) shown in the Declarations as an Additional Insured Grantor Of Franchise, but only with respect to their liability as grantor of franchise to you.

4. Additional Insured - Lessor Of Leased Equipment

- a. WHO IS AN INSURED under Section C. is amended to include as an additional insured the person(s) or organization(s) shown in the Declarations as an Additional Insured Lessor of Leased Equipment, but only with respect to flability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).
- b. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

Additional Insured - Owners Or Other Interests From Whom Land Has Been Leased

- a. WHO IS AN INSURED under Section C. is amended to include as an additional insured the person(s) or organization(s) shown in the Declarations as an Additional Insured – Owners Or Other Interests From Whom Land Has Been Leased, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land leased to you and shown in the Declarations.
- b. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- (1) Any "occurrence" that takes place after you cease to lease that land; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

6. Additional Insured - State Or Political Subdivision - Permits

a. WHO IS AN INSURED under Section C is amended to include as an additional insured the state or political subdivision shown in the Declarations as an Additional