



MARIN COUNTY FIRE DEPARTMENT

MARIN COUNTY, CALIFORNIA

Kenneth Massucco
FIRE CHIEF

September 23, 2008

Marin County Board of Supervisors
3501 Civic Center Drive
San Rafael, CA 94903

SUBJECT: Defensible Space/Vegetation Management Coordinator-Community Services Area 19

Dear Supervisors:

RECOMMENDATION: Approval of contract with Lynne Osgood to provide coordination of Defensible Space/Vegetation Management in the area of Community Services Area 19 (CSA 19) for a sum not to exceed \$30,000.

SUMMARY: The Marin County Fire Department requests the Board to approve the attached contract with Lynne Osgood. Under the direct supervision of the Fire Marshal, Lynne Osgood will conduct technical fire inspections of individual commercial and residential properties, as well as neighborhoods to determine compliance with applicable vegetation management and defensible space laws, standards, ordinances, and regulations. Ms. Osgood will also respond to and investigate hazardous vegetation complaints, and conduct structural risk assessments in the Urban-Wildland Interface. Furthermore, Ms. Osgood will deliver public education programs.

This support is in direct response to an increase in community inquiries as a result of changes in ordinances surrounding defensible space and vegetation management.

FISCAL IMPACT: Funding will be provided by revenue from CSA 19 and transferred to County Fire's budget by the Administrator's Office. Purchase Order#: 10012998.

REVIEWED BY:

<input checked="" type="checkbox"/> Auditor-Controller	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> County Counsel	<input type="checkbox"/> N/A
<input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> N/A

Respectfully Submitted,

Kenneth Massucco
Fire Chief

Committed to the preservation of life, property, and environment.

WOODACRE • THROCKMORTON RIDGE • MARIN CITY • POINT REYES • HICKS VALLEY • TOMALES • ROSS VALLEY: RESCUE 40

HEADQUARTERS: 33 CASTLE ROCK AVE., P.O. BOX 518, WOODACRE, CA 94973 TEL: (415) 499-6717 FAX: (415) 499-7820 www.marincountyfire.org

Display Purchase Req. 10012998

Document Overview On

Personal Setting

Professional Service 10012998

Texts

Release strategy

Release group

01 PR Release

Release Strategy

10 Z5: Prof Svcs >\$25k

Release Indicator

X Blocked

Code	Description	Processor	Status
D1	Department Head 1	KEN MASSUCCO	Δ
B1	Board Supervisor 1	DIANE PATTERSON	

Default Values

Status	Item	Material	Short Text	Qty Requested	Unit	Delivery Date	Material Group	Plant	Storage Location	PG	Requisitioner	Ti
	1	K	FIRE INSPECTION	1.00	\$	09/15/2008	PROFESSION	Fire Department	Admin.	249		

Item [1] FIRE INSPECTION

Material Data

Quantities/Dates

Valuation

Account Assignment

Source of Supply

Status

Contact Person

Texts

Delivery Address

Quantity	1.00	\$	Delivery Date	D 09/15/2008
Quantity Ordered	0.00	\$	Request date	09/09/2008
Open quantity	1.00	\$	Release Date	09/09/2008
<input type="checkbox"/> Closed			Pl. Deliv. Time	0
<input type="checkbox"/> Fixed ID			GR Proc. Time	0

DEPARTMENT CONTRACT APPROVAL FORM (DCAF)/STANDARD SHORT FORM CONTRACT

County Administrator's Office (CAO)

Contracts must have "Sign Here" markers where signatures are needed.

Contractor Full Name & Title: Lynne Osgood-Fire Inspector I/Vegetation Management-Defensible Space Coord.

Company Name, if applicable:

Contract Title: Fire Inspector-CSA 19

Max. Cost to County (\$): \$30,000.00 Or Revenue to County (\$):

Contracts \$25,000 and under require CAO approval.

Please provide the corresponding Purchase Order # for this contract:

Contracts over \$25,000 require Board of Supervisors' approval.

Please provide the corresponding Purchase Requisition # for this contract:

Contract Start Date: 09/15/2008 Contract End Date: 09/15/2009

Contractor has obtained all required licenses or permits? ☒ Yes ☐ No

Contract Manager Name: Scott Alber, Fire Marshal Ext. 6566

Contract Manager has confirmed that Contractor is in full compliance with Section 19 of the contract:

Department: Fire # of signed copies submitted (CAO keeps the original)

Department Coordinator Name: Phoenicia Thomas Ext. 2631

Contractor has signed all copies of the contract? ☒ Yes ☐ No
(Initial Here)

If Contract content has been modified, send to County Counsel for review (signature required!)

List Sections changed and summarize changes in the space provided:

Contractor Federal Tax ID:

EXHIBITS

	Dept. Use Only	CAO Use Only
"A" SCOPE OF SERVICES **Required	<input type="checkbox"/>	<input type="checkbox"/>
"B" FEES AND PAYMENT SCHEDULE **Required	<input type="checkbox"/>	<input type="checkbox"/>
"C" INSURANCE REDUCTION/WAIVER **If applicable	<input type="checkbox"/>	<input type="checkbox"/>

INSURANCES

	Dept. Use Only	Requested Limit Amount	CAO Use Only
General Liability (Contract Section 6.1) If no, then Insurance Coverage Waiver form required-Contract Section 6 & Exhibit "C"	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>
Automobile Liability (Contract Section 6.2) If no, then check the box in Contract Section 6.2 or Exhibit "C"	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>
Workers' Compensation (Contract Section 6.3) If no, then check the box in Contract Section 6.3	<input type="checkbox"/>		<input type="checkbox"/>
Other Insurances (Contract Section 6.4 a., b., c.) Professional Liability Maritime Liability	<input type="checkbox"/>		<input type="checkbox"/>

INTERNAL USE ONLY

RISK MANAGEMENT CONTRACT ANALYST'S SIGNATURE

DATE

RISK MANAGER SIGNATURE

DATE

**COUNTY OF MARIN
STANDARD SHORT FORM CONTRACT**

THIS AGREEMENT is made and entered into this day 9/15/08 by and between the COUNTY OF MARIN, hereinafter referred to as "County" and LYNNE OSGOOD, hereinafter referred to as "Contractor."

RECITALS:

WHEREAS, County desires to retain a person or firm to provide the following services: Defensible space/Vegetation Management Coordinator; 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 **\$30,000** including direct non-salary expenses.

5. TIME OF AGREEMENT:

This Agreement shall commence on **9/15/2008**, and shall terminate on **9/15/2009**. 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 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) with a two million dollar (\$2,000,000) aggregate limit. 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 combined single limit (\$1,000,000.00).

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

6.3 WORKERS' COMPENSATION

The Contractor acknowledges the State of California requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Labor Code. 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 PROFESSIONAL LIABILITY INSURANCE

Coverages required by this paragraph may be provided on a claims-made basis with a "Retroactive Date" either prior to the date of the Contract or the beginning of the contract work. If the policy is on a claims-made basis, coverage must extend to a minimum of twelve (12) months beyond completion of contract work. If coverage is cancelled or non-renewed, and not replaced with another claims made policy form with a "retroactive date" prior to the Contract effective date, the contractor must purchase "extended reporting" coverage for a minimum of twelve (12) months after completion of contract work. Contractor shall maintain a policy limit of not less than \$1,000,000 per incident. The amount of the policy deductible or self-insured retention must be declared on Exhibit C. If the deductible or self-insured retention amount exceeds \$100,000, the County may ask for evidence that contractor has segregated amounts in a special insurance reserve fund or contractor's general insurance reserves are adequate to provide the necessary coverage and the County of Marin may conclusively rely thereon.

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

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 workers' 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 negligence, recklessness or willful misconduct in the performance of this contract.

19. COMPLIANCE WITH APPLICABLE LAWS:

The Contractor shall comply with any and all Federal, State and local laws and resolutions (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:

Dept./Location: Fire
Woodacre
Telephone No.: x6566

Notices shall be given to Contractor at the following address:

Contractor: Lynne Osgood
Address: 67 Rodeo Avenue, PO Box 67
Lagunitas, CA 94938
Telephone No.: 415-488-0278

21. ACKNOWLEDGEMENT OF EXHIBITS

	<input checked="" type="checkbox"/> <u>Check applicable Exhibits</u>	<u>CONTRACTOR'S INITIALS</u>
<u>EXHIBIT A.</u>	<input checked="" type="checkbox"/> <u>Scope of Services</u>	<u>LO</u>
<u>EXHIBIT B.</u>	<input checked="" type="checkbox"/> <u>Fees and Payment</u>	<u>LO</u>
<u>EXHIBIT C.</u>	<input type="checkbox"/> <u>Insurance Reduction/Waiver</u>	

IN WITNESS WHEREOF, the parties have executed this Contract on the date first above written.

APPROVED BY
COUNTY OF MARIN:

By: _____
BOARD PRESIDENT

CONTRACTOR:

By: Lynne Osgood
Name: Lynne Osgood
Telephone No.: 415 488 0278

COUNTY COUNSEL REVIEW AND APPROVAL (Only required if any of the noted reason(s) applies)

REASON(S) REVIEW:

- ☐ Contract Requires Board of Supervisors' Approval
- ☐ Standard Short Form Content Has Been Modified
- ☐ Optional Review by County Counsel at Department's Request

County Counsel: _____

Date: _____

Exhibit A

Fire Inspector I-Vegetation Management/Defensible Space Coordinator

Under direct supervision of the Fire Marshal, the Fire Inspector will conduct technical fire inspections of individual commercial and residential properties, as well as neighborhoods to determine compliance with applicable vegetation management and defensible space laws, standards, ordinances, and regulations. The Fire Inspector will also respond to and investigate hazardous vegetation complaints, and conduct structural risk assessments in the Urban-Wildland Interface. Furthermore, the Fire Inspector will deliver public education programs regarding fire safety, and in particular education regarding the wildland fire threat. Other duties as assigned.

EXHIBIT "B"
FEES AND PAYMENT SCHEDULE (required)

COUNTY shall pay CONTRACTOR as follows:

(1) **BASE CONTRACT FEE.** COUNTY shall pay CONTRACTOR at a rate of \$35 per hour up to a total contract fee of \$30,000.00 per year as a fee for the scope of services outlined in Exhibit A. Both parties agree that this \$30,000.00 shall be the total amount of compensation for the performance of services outlined in Exhibit A.

COUNTY'S authorized representative for this purpose shall be Scott D. Alber, Marin County Fire Department Fire Marshal or his designee.

COUNTY shall pay CONTRACTOR the \$30,000.00 for the performance of services outlined in Exhibit A as invoiced by CONTRACTOR on a no more frequent basis than bi-weekly, or no less frequent than monthly payments. Invoices will be submitted by CONTRACTOR on the 1st and/or 15th of each month.

Date: 8/19/2008 02:20 PM

Sender's Fax ID: 866-577-7595

Page 2 of 3


Allstate
 You're in good hands

ACORD CERTIFICATE OF LIABILITY INSURANCE

 OP ID: TB
 LYNNE-6

 DATE (MM/DD/YYYY)
 08/19/08

 PRODUCER
 NorthWest Insurance Agency-NWC
 Agency License #0580581
 PO Box 1180, 418 B Street
 Santa Rosa CA 95402-1180
 Phone: 888-693-7892 Fax: 707-577-7595

 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

 Lynne Osgood
 PO Box 67
 Lagunitas CA 94938

INSURERS AFFORDING COVERAGE

NAIC #

 INSURER A: Burlington Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	224B002271	08/15/08	08/15/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTION \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

***** PROOF OF INSURANCE ONLY *****

CERTIFICATE HOLDER

Insured's Copy

INSURED

CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN
 NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Allstate.**

You're in good hands.

IMPORTANT

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

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

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



California State Automobile Association
Inter-Insurance Bureau
150 Van Ness Avenue
P.O. Box 429186
San Francisco, CA 94142-9186

Automobile Policy Declarations

Please keep with your policy.
See Important Notice on reverse.

For questions or changes call: 1-800-922-8228

1. NAME AND ADDRESS OF INSURED

OSGOOD, LYNNE/CARL SANDERS
PO BOX 67
LAGUNITAS CA 94938-0067



POLICY INFORMATION	DECLARATIONS TYPE Renewal Certificate		PAGE 1 of 1	
	POLICY TYPE Member		PROCESS DATE 12-20-2007	
	POLICY NUMBER X4-36-31-3		INSURED SINCE 1987	
	Your Policy Period FROM 01-21-2008 TO 01-21-2009	12:01 A.M. Standard Time at the address of the Named Insured, but not prior to the time applied for or, if this is a replacement declarations, not prior to the time coverage change was requested. 12:01 A.M. Standard Time at the address of the Named Insured.		
ALTERNATE ADDRESS		OCCUPATION	ALTERNATE NUMBER	TELEPHONE NUMBER 488-0278

VEHICLE(S)	ITEM	MAKE	MODEL YR.	BODY TYPE	VEHICLE IDENTIFICATION NUMBER	DRIVER(S)	NAME
	03	MAZDA	1999	2D CON	JM1NB3537X0130520		LYNNE
	05	NISSA	2005	1/2 TN	1N6AD07W65C456767		CARL

COVERAGES/PREMIUMS

COVERAGE	LIABILITY LIMITS		ITEM 03		ITEM 05		ITEM		ITEM	
	EACH PERSON	EACH OCCURRENCE	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM	DEDUCT.	PREMIUM
Bodily Injury	500,000	500,000		\$134		\$152				
Medical Payments	25,000			\$101		\$63				
Uninsured Motorists	500,000	500,000		\$68		\$60				
Property Damage		100,000		\$112		\$142				
Comprehensive Actual Cash Value Less Deductible			100	\$104	100	\$107				
Collision Actual Cash Value Less Deductible			250	\$330	250	\$279				
All Risks Actual Cash Value Less Deductible			No Coverage		No Coverage					
TOTAL PREMIUM PER VEHICLE ▶				\$849		\$803				
Automobile Death Benefits	EXPLANATION OF LIMIT CODES A=\$15,000 first named insured. B=\$15,000 each first named insured and spouse. C=\$15,000 each additional named insured shown on endorsement F329.						LIMIT CODE B		PREMIUM \$8	

Premium Summary CA Surcharge: \$0.00
THIS IS NOT A BILL. Annual Premium: \$1,660.00

CHANGES	SCHEDULE OF CHANGES									
	ITEM	RATED DRIVER	DSR	YDE	PRIOR ANN MILES	FUTURE ANN MILES	GARAGE ZIP	VEHICLE USAGE	GENDER	MARITAL
	03	LYNNE	0 PT	26	13,000	13,000	94947	Principal	F	M
	05	CARL	0 PT	22	9,000	9,000	94947	Principal	M	M

Enhanced Transportation Expense Coverage: Item/s 03, 05.
DISCOUNTS: Mat Drv: None MultiPolicy HO3 Homeowners: Item/s 03 05
Multi Car: Item/s 03 05 Good Driver: Item/s 03 05

LOSS PAYEE(S)	ITEM	REDWOOD CREDIT UNION 1010 GRANT AVE NOVATO CA 94947	ITEM	REDWOOD CREDIT UNION 1010 GRANT AVE NOVATO CA 94947	Office Use Only	
	ITEM		ITEM		03N77PFM31 0826 07813	05077PFM18 0822 06809

**Allstate**

You're in good hands.

NORTHWEST

Insurance Agency, Inc.

PO Box 1180

Santa Rosa, CA 95407

Phone (888) 693-7892

Fax: (866) 577-7595

www.nwcinsure.com

Fax Transmission

Date: 9/8/2008

To:

Attn: Rick Schuldt

From: Customer Service

RE: Certificate and endo

Pages sent including fax cover: 5

Fax #: (415) 464-5773

Rick,

Following is a copy of the endorsement and certificate showing County of Marin as an additional insured on the policy for Lynne Osgood.

Thank you,

Molly Sell

NWC Customer Service

TOO
LISA
PATTERSON
499-3729

RICK SCHULDT AGENCY
ALLSTATE INSURANCE COMPANY
2403 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939
(415) 464-5770 • FAX (415) 464-5773

Date: 9/8/2008 03:57 PM

Sender's Fax ID: 886-577-7595

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Allstate
 ACORD 25 (2001/08)

CERTIFICATE OF LIABILITY INSURANCE

 OP ID: TB
 LYNNE-6

 DATE (MM/DD/YYYY)
 09/08/08

 PRODUCER
 NorthWest Insurance Agency-NWC
 Agency License #0580581
 PO Box 1180, 418 B Street
 Santa Rosa CA 95402-1180
 Phone: 888-693-7892 Fax: 707-577-7595

 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

 Lynne Osgood
 PO Box 67
 Lagunitas CA 94938

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Burlington Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY	224B002271	08/15/08	08/15/09	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG & INCLUDED
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
	GARAGE LIABILITY				AGG \$
	ANY AUTO				EACH OCCURRENCE \$
	EXCESS/UMBRELLA LIABILITY				AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

 The County of Marin is named as an Additional Insured per form CG2026 0704,
 attached to this policy.

CERTIFICATE HOLDER

MARIN

 THE COUNTY OF MARIN
 3501 CIVIC CENTER DRIVE
 SAN RAFAEL CA 94903

CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN
 NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Date: 9/8/2008 03:57 PM

Sender's Fax ID: 886-577-7595

Page 3 of 5

**Allstate**

You're in good hands.

IMPORTANT

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

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

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

Date: 9/8/2008 03:57 PM

Sender's Fax ID: 866-577-7595

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Allstate
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POLICY NUMBER: 224B002271

ENDORSEMENT #: 01

NAMED INSURED: LYNNE OSGOOD

EFFECTIVE DATE: 09/08/2008

INSURANCE COMPANY: The Burlington Insurance Company

PRODUCER: RIC INSURANCE GENERAL AGENCY, INC.
2492 WALNUT AVE., SUITE 250
TUSTIN CA 92780

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

Enter Coverage Part here
COMMERCIAL GENERAL LIABILITY

IN CONSIDERATION OF THE ADDITIONAL PREMIUM CHARGED, IT IS HEREBY UNDERSTOOD AND AGREED THAT:

THE COUNTY OF MARIN

IS ADDED AS ADDITIONAL INSURED PER FORM CG 2026 (7/04) ATTACHED.

AS

Premium for this Change Endorsement:

\$ 100.00	Additional Premium
\$ 3.00	Other Charges, if applicable STATE TAX (specify)
\$.13	Other Charges, if applicable STAMP FEE (specify)
\$	Other Charges, if applicable (specify)
\$	Other Charges, if applicable (specify)
\$ 103.13	Total Additional Premium Due

Due Date:

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

IFG-I-0151 01 05

Issue Date: 09/08/08

Date: 9/8/2008 03:57 PM

Sender's Fax ID: 866-577-7595

Page 5 of 5

**Allstate**
You're in good hands.

POLICY NUMBER: 224B002271

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
THE COUNTY OF MARIN 3501 CIVIC CENTER DRIVE SAN RAFAEL, CA. 94903
'FULLY EARNED PREMIUM'
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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.