
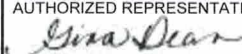


GSRMA-388	CO	CERTIFICATE OF COVERAGE	03/27/2025								
Primary Insurance Provided by Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706		<small>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</small> <small>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small>									
GSRMA MEMBER: DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT P.O. BOX 164 OREGON HOUSE, CA 95962		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">COVERAGE AFFORDED BY</td> <td>A - Golden State Risk Management Authority</td> </tr> <tr> <td>COVERAGE AFFORDED BY</td> <td>B -</td> </tr> <tr> <td>COVERAGE AFFORDED BY</td> <td>C -</td> </tr> <tr> <td>COVERAGE AFFORDED BY</td> <td>D -</td> </tr> </table>		COVERAGE AFFORDED BY	A - Golden State Risk Management Authority	COVERAGE AFFORDED BY	B -	COVERAGE AFFORDED BY	C -	COVERAGE AFFORDED BY	D -
COVERAGE AFFORDED BY	A - Golden State Risk Management Authority										
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COVERAGE AFFORDED BY	C -										
COVERAGE AFFORDED BY	D -										
Coverages <small>THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS/POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>											
ENT LTR	TYPE OF COVERAGE	POLICY #	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE	LIMITS					
A	WORKERS' COMPENSATION <input checked="" type="checkbox"/> WORKERS' COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	JPA 2024	07/01/2024	07/01/2025	\$0	WORKERS' COMPENSATION: \$750,000 EMPLOYERS LIABILITY: \$750,000					
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	JPA 2024	07/01/2024	07/01/2025	\$0	\$500,000					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY	JPA 2024	07/01/2024	07/01/2025	\$0	\$500,000					
A	CRIME <input checked="" type="checkbox"/> EMPLOYEE THEFT-PER LOSS <input checked="" type="checkbox"/> DEPOSITORS FORGERY OR ALTERATION <input checked="" type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input checked="" type="checkbox"/> COMPUTER AND FUNDS TRANSFER FRAUD	JPA 2024	07/01/2024	07/01/2025	\$2,500	\$25,000					
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM	JPA 2024	07/01/2024	07/01/2025	\$1,000 Per Policy \$250 Comp \$500 Coll \$1,000	ALL RISK: \$25,000 FLOOD: Per Policy AUTO (ACV): \$15,000 AUTO (RCV): PER POLICY BOILER AND MACHINERY: \$5,000					
Description of Operations/Locations/Vehicles/Special Items: AS RESPECTS EVIDENCE OF COVERAGE ONLY.											
Certificate Holder FOR THE PURPOSE OF EVIDENCE ONLY C/O DOBBINS/OREGON HOUSE FIRE PROTECTION DISTRICT P.O. BOX 164 OREGON HOUSE, CA 95962			Cancellation <small>SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICY PROVISIONS.</small> AUTHORIZED REPRESENTATIVE 								

GSRMA-388	CO	CERTIFICATE OF COVERAGE	03/27/2025			
Public Risk Innovation, Solutions, and Management C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612 PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #OC36861		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
		IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).				
		COVERAGE AFFORDED BY A - See attached schedule of insurers				
MEMBER: Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706		COVERAGE AFFORDED BY B - Public Risk Innovation, Solutions, and Management				
		National Union Fire Insurance Company of Pittsburgh, PA (AIG) Berkley Insurance Company Great American Insurance Company				
GSRMA MEMBER: DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT		COVERAGE AFFORDED BY C				
Coverages THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
ENT LTR	TYPE OF COVERAGE	MEMORANDUM # /POLICIES	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE	LIMITS
A	WORKERS' COMPENSATION	See attached for insurers policy numbers	07/01/2024	07/01/2025	\$750,000	WORKERS' COMPENSATION: Statutory EMPLOYERS LIABILITY: \$5,000,000
	<input checked="" type="checkbox"/> WORKERS' COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY					
B	GENERAL LIABILITY	PRISM PE 24 EL-63	07/01/2024	07/01/2025	\$500,000	Difference between \$1,000,000 and the Member's Self-Insured Retention
	<input checked="" type="checkbox"/> EXCESS GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE					
B	AUTOMOBILE LIABILITY	PRISM PE 24 EL-63	07/01/2024	07/01/2025	\$500,000	Difference between \$1,000,000 and the Member's Self-Insured Retention
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY					
C	CRIME	01-245-19-01	06/30/2024	06/30/2025	\$25,000	\$10,000,000 Per Occurrence limit Subject to member deductible
	EXCESS GOVERNMENTAL CRIME POLICY	BGOV-45003949-24	06/30/2024	06/30/2025		\$5,000,000 Per Occurrence Limit \$1,000,000 Sublimit Applies To Faithful Performance
B	PROPERTY	PRISMPR 25-26	03/31/2025	03/31/2026	\$25,000	\$25,000,000 PER OCC ALL RISK
	<input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> FLOOD <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED) <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM				Per Policy	\$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD
	INCLUDES EARTHQUAKE TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS ALL OTHER LIMITS ARE SHARED PER TOWER					\$15,000 PER POLICY \$5,000
EARTHQUAKE IS INCLUDED UP TO \$25,000,000 PER OCCURRENCE AND ANNUAL AGGREGATE SUBJECT TO A DEDUCTIBLE OF 5% OF TOTAL INSURABLE VALUES PER UNIT, PER OCCURRENCE, SUBJECT TO A \$100,000 MINIMUM PER OCCURRENCE						
Description of Operations/Locations/Vehicles/Special Items: AS RESPECTS EVIDENCE OF COVERAGE ONLY.						
Certificate Holder FOR THE PURPOSE OF EVIDENCE ONLY C/O DOBBINS/OREGON HOUSE FIRE PROTECTION DISTRICT P.O. BOX 164 OREGON HOUSE, CA 95962			Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.			
			AUTHORIZED REPRESENTATIVE  Public Risk Innovation, Solutions, and Management			

PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT
EXCESS WORKERS' COMPENSATION PROGRAM
2024/2025 SCHEDULE OF INSURERS-GSRMA
DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT

PROVIDER	MEMORANDUM / POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions, and Management	PRISM-PE 24 EWC-02	<p>Workers' Compensation: \$50,000,000 each accident/each employee for disease (Difference between \$50,000,000 and the individual member's retention)</p> <p>Employers' Liability: \$5,000,000 each accident/each employee for disease (Difference between \$5,000,000 and the individual member's retention)</p>
Liberty Insurance Corporation	EW2-64N-444785-014	<p>Statutory each accident/each employee for disease excess of \$50,000,000</p>