

GL1-4963	CO	<b>CERTIFICATE OF COVERAGE</b>	06/27/2018
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<p><b>CSAC Excess Insurance Authority</b>  <b>C/O ALLIANT INSURANCE SERVICES, INC.</b>  <b>PO BOX 6450</b>  <b>NEWPORT BEACH, CA 92658-6450</b></p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901          LICENSE #0C36861</p>	<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>
	<p>COVERAGE AFFORDED <b>A - CSAC Excess Insurance Authority</b></p>

<p><b>Member:</b>          SANTA BARBARA COUNTY          ATTN: RISK MANAGEMENT          105 EAST ANAPAMU STREET, SUITE 102          SANTA BARBARA, CA 93101</p>	<p>COVERAGE AFFORDED <b>B</b></p> <p>COVERAGE AFFORDED <b>C</b></p> <p>COVERAGE AFFORDED <b>D</b></p>
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**Coverages**  
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE 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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> Excess General Liability	EIA 18 EL-20	07/01/2018	07/01/2019	\$5,000,000
					Limits inclusive of the Member's Self-Insured Retention of \$500,000

**Description of Operations/Locations/Vehicles/Special Items:**  
 AS RESPECTS EVIDENCE OF COVERAGE ONLY.

<p><b>Certificate Holder</b></p> <p>FOR THE PURPOSE OF EVIDENCE ONLY          C/O SANTA BARBARA COUNTY          ATTN: RISK MANAGEMENT          105 EAST ANAPAMU, SUITE 102          SANTA BARBARA, CA 93101</p>	<p><b>Cancellation</b>          SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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