

## **DIRECTIONS FOR SE-10-12**

### **Certificate of Insurance**

You must provide proof of liability insurance and a letter of endorsement (ISO form # CG-20-12-07-98 or AB-90-67-12-93 or equivalent) naming the County of San Bernardino as additionally insured for the amount of \$1 million.

The insurance Certificate must read in the “Certificate Holder” box verbatim: **County of San Bernardino, 290 North ‘D’ Street, Sixth Floor, San Bernardino, CA 92415-0040.**

In the “Descriptions of Operations” box the following must read verbatim: **The County of San Bernardino and its officers, employees, agents, and volunteers are additionally named insured’s with respect to liabilities arising out of the performance of services hereunder.**

The Letter of Endorsement must read verbatim: **County of San Bernardino, 290 North ‘D’ Street, Sixth Floor, San Bernardino, CA 92415-0040 and The County of San Bernardino and its officers, employees, agents, and volunteers are additionally named insured’s with respect to liabilities arising out of the performance of services hereunder.**

### **Proof of Workers Compensation Insurance is also required at state statutory limits.**

An additional Insurance Certificate and Letter of Endorsement is required naming the County of San Bernardino as additionally insured for the amount of \$10 million in the event of the use of airplanes, helicopters, or any other aircraft.

The insurance Certificate must read in the “Certificate Holder” box verbatim: **County of San Bernardino, 290 North ‘D’ Street, Sixth Floor, San Bernardino, CA 92415-0040.**

In the “Descriptions of Operations” box the following must read verbatim: **The County of San Bernardino and its officers, employees, agents, and volunteers are additionally named insured’s with respect to liabilities arising out of the performance of services hereunder.**

The Letter of Endorsement must read verbatim: **County of San Bernardino, 290 North ‘D’ Street, Sixth Floor, San Bernardino, CA 92415-0040 and The County of San Bernardino and its officers, employees, agents, and volunteers are additionally named insured’s with respect to liabilities arising out of the performance of services hereunder.**

A “Plan of Activities” (POA) and a FAA approval; in writing, is also required.

**NO HAND-WRITTEN CERTIFICATES OR ENDORSEMENTS WILL BE ACCEPTED**