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