

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2023

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 BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE 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, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 confor rights to the certificate holder in liquid found and properties.

	is certificate does not con							may require	an endorsement. A state	ment c	on
PRODUCER						CONTACT Amy Rombini CISR					
Jam	es G. Parker Insurance					PHONE (550) 222 7722 FAX (550) 222 1724					
License #0554959						E-MAIL abambini@ignarker.com					
P O Box 3947						ADDRES	<del> </del>		DING COVERAGE		NAIC #
Fres					CA 93650	INSURE	Oali Dii ia	. ,	DING COVERAGE		34630
INSU							NA.				
	Industrial Control 8	& Design Inc				INSURE				-	
	3585 E Date	G. 2 00.g0	T							-	
	0000 2 24.0					INSURE				-	
	Fresno				CA 93725	INSURE				$\longrightarrow$	
COV	/ERAGES	CED	TIEIC	ATE	NUMBER: 23-24 WC ICA	INSURE D	RF:		REVISION NUMBER:		
_	HIS IS TO CERTIFY THAT THE F				TOILBEIT.		TO THE INSUE			IOD	
	DICATED. NOTWITHSTANDING										
	ERTIFICATE MAY BE ISSUED C								UBJECT TO ALL THE TERMS	,	
INSR	(CLUSIONS AND CONDITIONS		ADDL	SUBR		KEDUC	POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANC	JE .	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
									EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE	OCCUR							PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
		_							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES	S PER:							GENERAL AGGREGATE	\$	
	POLICY JECT	LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:				<del> </del>				COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY								(Ea accident)	\$	
	ANY AUTO OWNED SCI	HEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUT	TOS DN-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUT	TOS ONLY							(Per accident)	\$	
										\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$				<u></u>				A DED LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								➤ PER STATUTE OTH-ER	4.00	
ANY PROPRIETOR/PARTNER/EXECUTIVE -			N/A		INWC411594		01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$ 1,00	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	φ .	0,000
	DESCRIPTION OF OPERATIONS be	elow			<u></u>				E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER C							CANCELLATION				
						CIIO	III D ANV OF T	UE ABOVE DE	CODIDED DOLLOISE DE CAN		DEFORE
									SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		DEFUKE
	City of Kerman								PROVISIONS.		
850 S Madera Ave											
							AUTHORIZED REPRESENTATIVE				
Kerman				CA 93630			Nams & Porher to				



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2023

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	is certificate does not confer rights to						may require	an endorsement. A State	ament (	UII		
	DUCER				CONTACT Amy Rombini CISP							
Jan	nes G. Parker Insurance				PHONE (550) 222 7722 FAX (550) 222 1724							
	ense #0554959				E-MAIL abombini@ignarkor.com							
РΟ	Box 3947				ADDRE	33.	70.	RDING COVERAGE		NAIC #		
Fre				CA 93650	INSURE	California	a Automobile Ir			38342		
	JRED					NA.						
	Industrial Control & Design Inc				INSURE							
	3585 E Date Avenue				INSURE							
	Cooo E Balo / Worldo	-				INSURER D:						
	Fresno			CA 93725	INSURE							
CO.		LIEIC	ATE	NUMBER: 23-24 BA ICAI	INSURE	KF:		REVISION NUMBER:				
_	HIS IS TO CERTIFY THAT THE POLICIES OF I			TO MBEIT.		TO THE INSUE			IOD			
	IDICATED. NOTWITHSTANDING ANY REQUIR											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL THE TERMS	,			
INSR		ADDL	ISUBR		KEDUC	POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
								DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:							COMBINED SINGLE LIMIT	\$	10.000		
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	0,000		
,	ANY AUTO OWNED SCHEDULED			DA04000077004		04/04/0000	04/04/0004	BODILY INJURY (Per person)	\$			
Α	AUTOS ONLY AUTOS NON-OWNED			BA040000077961		01/04/2023	01/04/2024	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							I DED I OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	<u> </u>			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
^Re	places and supersedes prior certificate issue	ed 12-	30-20	122^								
CEI	RTIFICATE HOLDER		CANCELLATION									
					0110		UE ADOVE DE	00DIDED DOLLOIES DE 041		DEFORE		
								SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		BEFORE		
	City of Kerman							PROVISIONS.				
	850 S Madera Ave											
						AUTHORIZED REPRESENTATIVE						
	Kerman			CA 93630	Janos & Porher W							
1	i i				1		/ X min					



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2023

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 BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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this certific	cate does not confer rights to the certificate ho	lder in lieu o	f such en	ndorseme	ent(s).				
PRODUCER				ONTACT AME:	Amy Bombini, CISR				
James G. Park	ker Insurance	PH (A/	PHONE (A/C, No, Ext): (559) 222-7722 FAX (A/C, No): (559) 222-1724						
License #0554	959		E-MAIL ADDRESS: abombini@jgparker.com						
P O Box 3947					INSURER(S) AFFORDING COVERAGE			NAIC #	
Fresno		CA 93650	INS	ISURER A :	Great American E & S Insurance Co			37532	
INSURED			INS	ISURER B :	National Union Fire Ins Co of Pittsburgh			19445	
	Industrial Control and Design Inc		INS	ISURER C :	Peleus Ins Co			34118	
	3585 E Date		INS	ISURER D :					
			INS	ISURER E :					
	Fresno	CA 93725	INS	ISURER F :					
001/504050	OFFICIOATE MUMBE	22-23 (	I DI EVE	DE\/	DEVICION NUM	DED.			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 20,000
A >	Per Project- per written contract			PLF041565	06/05/2023	08/27/2024	PERSONAL & ADV INJURY	\$ 1,000,000
GI	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Al	JTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
>	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 5,000,000
В	B EXCESS LIAB CLAIMS-MADE			EBU027086136	08/27/2022	08/27/2023	AGGREGATE	\$
	DED RETENTION \$							\$
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
AN	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
(Ma	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If y DE	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Р	Professional Liability- Claims Made-						Each Claim: \$1,000,000	AGG: \$1,000,000
	etro Date: 07-27-2007			121CTR015327203	08/27/2022	08/27/2023	Ea Claim Ded: \$10,000	AGG ded: \$30,000
								_
DESCRIF	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

\*Replaces and supersedes any prior certificate of insurance issued\*

CERTIFICATE HOLDER		CANCELLATION				
City of Kerman 850 S Madera Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
000 S Mauera Ave		AUTHORIZED REPRESENTATIVE				
Kerman	CA 93630	James & Porher				