NOTE	: This is not a legal document, The information inc	uded here is meant to visualize the program	n's insurance requirements li	isted on page 3 of the CF	PA (listed on the last page of this	document)		
1	ACORD, CERTIFI	<b>CATE OF LIAB</b>	ILITY INS	URANCI	E	DATE (MM/DD/YYYY) 1/1/2022		
PRO	Insurance Broker's Inform (NAME & ADDRESS OF I		ONLY ANI	D CONFERS NOT THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND, EXTEND OR		
			INSURERS A	FFORDING COV	'ERAGE	NAIC#		
INSL	RED		INSURER A: INS	urer Info		NAIC #		
	Contractor's Information		INSURER B:					
	NAME & ADDRESS FROM	CSLB LICENSE)		INSURER C:				
(NAME & ADDRESS I ROM CSED EICENSE)				INSURER D:				
СО	VERAGES							
A	HE POLICIES OF INSURANCE LISTED B NY REQUIREMENT, TERM OR CONDIT AY PERTAIN, THE INSURANCE AFFOR DLICIES. AGGREGATE LIMITS SHOWN	ION OF ANY CONTRACT OR OTH DED BY THE POLICIES DESCRIBED	IER DOCUMENT WITH D HEREIN IS SUBJECT	H RESPECT TO WH	HICH THIS CERTIFICATE I	MAY BE ISSUED OR		
INSR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs		
Α	GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
	X COMMERCIAL GENERAL LIABILIT	Dolley number	eff.	exp.	PREMISES (Ea occurence)	\$ 100,000		
	CLAIMS MADE X OCCU	R			MED EXP (Any one person)	\$ 5,000 \$ 1,000,000		
		=======================================			PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PE	- R:			PRODUCTS - COMP/OP AGG	\$ 1,000,000		
	X POLICY PRO-							
A	X ANY AUTO	policy number	eff.	ехр.	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X SCHEDULED AUTOS <	Must have			BODILY INJURY (Per person)	\$		
		VIMUM 'Code 1' erage (Any Auto			BODILY INJURY (Per accident)	\$		
	or E	quivalent			PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN AUTO ONLY: AGG			
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MAD				AGGREGATE	\$		
						\$		
	DEDUCTIBLE RETENTION \$					\$		
A	WORKERS COMPENSATION AND				X WC STATU- TORY LIMITS OTH- ER	5		
^	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	policy number	eff.	exp.	E.L. EACH ACCIDENT	\$ 1,000,000		
	OFFICER/MEMBER EXCLUDED?  If yes, describe under	pone, name		·	E.L. DISEASE - EA EMPLOYEE	-		
	SPECIAL PROVISIONS below  OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	O'MER							
	CRIPTION OF OPERATIONS / LOCATIONS / VEH							
	The Association of Bay Area Gov							
	Francisco, San Mateo, Santa Cla Inc., their respective affiliates, s							
	additional insureds* with respec							
	Coverage is primary & noncontri	butory. < Wording MUST match f	for General Liability Certifica	ates		+		
ÇE	RTIFICATE HOLDER		CANCELLAT	ION				
	Association of Pay Area Covern	ments <-Must match name and	120 BO MON NIGHT 1970000 200000		ED POLICIES BE CANCELLED			
Association of Bay Area Governments <-Must match name and address listed in CPA				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN				
c/o CLEAResult Consulting <-Rembmer to submit			- Data Andrews Comment Comment and Comment Com	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
180 Grand Ave. Suite 850 seperate certificates for			the second second second	REPRESENTATIVES.				
Oakland CA, 94612  CLEAResult Consulting, ABAG, and PG&E			AUTHORIZED REF	AUTHORIZED REPRESENTATIVE				

ACORD 25 (2001/08)

# **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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 confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOTE	: This is not a legal document, The information i	ncluded here is meant to visualize the	program's insurance re	equirements listed on pag	ge 3 of the CPA (listed on the las	st page of this document)	
1	ACORD, CERTIFIC	CATE OF LIAB				DATE (MM/DD/YYYY) 1/1/2022	
Insurance Broker's Information				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			INSURERS	AFFORDING CO	VERAGE	NAIC#	
INSU	RED			INSURER A: Insurer Info			
,	Contractor's Information		INSURER B:	Albace and a second a second and a second an			
		CCLD LICENCE)	INSURER C:				
(	NAME & ADDRESS FROM	CSLB LICENSE)	INSURER D:	INSURER D:			
			INSURER E:	INSURER E:			
	/ERAGES						
A! M	IE POLICIES OF INSURANCE LISTED BEI IY REQUIREMENT, TERM OR CONDITIC AY PERTAIN, THE INSURANCE AFFORDS DLICIES. AGGREGATE LIMITS SHOWN M	ON OF ANY CONTRACT OR OTHED BY THE POLICIES DESCRIBE	IER DOCUMENT W D HEREIN IS SUBJE	ITH RESPECT TO W	HICH THIS CERTIFICATE I	MAY BE ISSUED OR	
INSR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIV DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs	
Α	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000	
,	X COMMERCIAL GENERAL LIABILITY	policy number	eff.	exp.	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000	
	CLAIMS MADE X OCCUR	' '			MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	The second control of						
A	X ANY AUTO	policy number	eff.	exp.	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	OCTILEOCLED ACTOO	Must have			BODILY INJURY (Per person)	\$	
		VIMUM 'Code 1' erage (Any Auto			BODILY INJURY (Per accident)	\$	
	or E	quivalent			PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE					\$	
	RETENTION \$					s	
A	WORKERS COMPENSATION AND				X WC STATU- TORY LIMITS OTH- ER		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	policy number	eff.	exp.	E.L. EACH ACCIDENT	\$ 1,000,000	
	OFFICER/MEMBER EXCLUDED?	pana, namaa			E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	OTHER						
DEC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES / EVOLUSIONS ADDED BY ENDOR	PERMENT / SPECIAL PRO	Overone			
	he Association of Bay Area Gove				a Costa, Marin, Napa,	San	
	rancisco, San Mateo, Santa Clara						
I	nc., their respective affiliates, sub	osidiaries, directors, officer	s, representative	es, agents and e	mployees are named a	as	
	dditional insureds* with respect t				ned by or for the cont	ractor.	
	overage is primary & noncontribution	utory. < Wording MUST mate	ch for General Liabili	ty Certificates		Ŧ	
CEI	RTIFICATE HOLDER		CANCELL	ATION			
		<-Must match name and	The Department of the State of		BED POLICIES BE CANCELLED		
	LEAResult Consulting, Inc.	address listed in CPA	DATE THERE	OF, THE ISSUING INSUR	RER WILL ENDEAVOR TO MAIL	30* DAYS WRITTEN	
	o CLEAResult Consulting	<-Rembmer to submit	NOTICE TO T	HE CERTIFICATE HOLDE	R NAMED TO THE LEFT, BUT FA	AILURE TO DO SO SHALL	
180 Grand Ave, Suite 850 seperate certificates for		nersenels en ville	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
(	Dakland, CA 94612	CLEAResult Consulting,	REPRESENTA	ATIVES. REPRESENTATIVE			
		ABAG, and PG&E		e Required			

# **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOTE: This is not a legal document, The information included here is meant to visualize the program's insurance requirements listed on page 3 of the CPA (listed on the last page of this document)							
ACORD, CERTIFICATE OF LIABILITY				SURANG	CE	DATE (MM/DD/YYYY) 1/1/2022	
Insurance Broker's Information (NAME & ADDRESS OF INSURER)  THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OF ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW						IE CERTIFICATE ND, EXTEND OR	
(WAITE & ADDRESS OF INSORER)			INSURERS	INSURERS AFFORDING COVERAGE			
INSU	RED		CONTROL TO COMPANY	INSURER A: Insurer Info			
			INSURER B:				
	Contractor's Information		INSURER C:				
(	NAME & ADDRESS FROM	CSLB LICENSE)	INSURER D:	- VOLUME TO SERVICE TO			
			INSURER E:	INSURER E:			
CO	VERAGES	<u>—</u> 22					
M P	HE POLICIES OF INSURANCE LISTED BEI NY REQUIREMENT, TERM OR CONDITIC AY PERTAIN, THE INSURANCE AFFORDS DLICIES. AGGREGATE LIMITS SHOWN M	ON OF ANY CONTRACT OR OTHER	HER DOCUMENT W ED HEREIN IS SUBJ PAID CLAIMS.	TITH RESPECT TO ECT TO ALL THE T	WHICH THIS CERTIFICATE I	MAY BE ISSUED OR	
INSR LTR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY	POLICY EXPIRATION DATE (MM/DD/Y)	ON LIMIT	rs	
Α	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY	policy number	eff.	exp.	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000 \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
^	AUTOMOBILE LIABILITY	-					
Α	X ANY AUTO	policy number	eff.	exp.	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ist have			BODILY INJURY (Per person)	\$	
		MUM 'Code 1' ge (Any Auto			BODILY INJURY (Per accident)	\$	
	or Equ	ivalent			PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	_	
				+	AGG		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	s	
	DEDUCTIBLE					\$	
	RETENTION \$					s	
Α	WORKERS COMPENSATION AND				X WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	policy number	eff.	exp.	E.L. EACH ACCIDENT	\$ 1,000,000	
	OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. DISEASE - EA EMPLOYEE		
-	SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	OTHER				1		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES / EXCLUSIONS ADDED BY ENDO	DOEMENT / CDECIAL CO	OVISIONS			
	The Association of Bay Area Gover				tra Costa, Marin, Napa,	San	
	Francisco, San Mateo, Santa Clara, Solano, and Sonoma), Pacific Gas & Electric Company (PG&E), and CLEAResult Consulting,						
Ι	Inc., their respective affiliates, subsidiaries, directors, officers, representatives, agents and employees are named as						
	additional insureds* with respect to liability arising out of or connected with the work performed by or for the contractor.						
Coverage is primary & noncontributory. < Wording MUST match for General Liability Certificates							
CERTIFICATE HOLDER CANCELLATION							
		<-Must match name and	The American Approximate 2000 Control of the Contro		RIBED POLICIES BE CANCELLED E		
Pacific Gas & Electric Company address listed in CPA		DATE THERE	date thereof, the issuing insurer will endeavor to mail $30^*$ days written				
c/o CLEAResult Consulting		NOTICE TO T	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
180 Grand Ave, Suite 850 <-Rembmer to submit		- Leavening Control of the Control o	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
Oakland, CA 94612 seperate certificates for CLEAResult Consulting,				REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE			
		ABAG, and PG&E	Signature				
	La Company of the Com		Signature	. toquii ou			

# **IMPORTANT**

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## DISCLAIMER

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#### CLEARESULT STANDARD TERMS AND CONDITIONS FOR PARTICIPATING CONTRACTORS

V. Insurance Requirements				
During the term hereof, Participating Contractor shall maintain the following minimum insurance coverage and limits of liability unless stated herein:				
Commercial General Liability	\$1,000,000 aggregate and per event of bodily injury, property damage or personal injury or death.			
Business Automobile Liability	\$1,000,000 combined single limit, including coverage over owned, non-owned and hired vehicles.			
Worker's Compensation	In accordance with statutory minimums and California state and local requirements, buincluding no less than Employer's Liability of \$1,000,000 per event of injury or death eac accident. If you have no employees, please provide a waiver for workers' compensation liability with your Contractor Application.			
Professional Liability, Errors, and Omissions	Professional Liability insurance is not required. However, the contractor is encouraged to consider such coverage in consultation with the Contractor insurance broker.			

As part of the application to become a Participating Contractor, current certificates of insurance must be supplied with the following requirements:

- 1. Insured company name and address matches CSLB listing
- 2. Coverage values as described in table above
- 3. "Description of Operations" language matches the Program's requirements outlined below
- 4. Certificate holder names and addresses as listed below

#### Additional Insured Endorsement Certificates: ABAG and its member counties, PG&E, and CLEAResult Consulting, Inc:

Description of Operations – "The Association of Bay Area Governments (ABAG) and its member counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma), Pacific Gas & Electric Company (PG&E), and CLEAResult Consulting, Inc. (CLEAResult), their respective affiliates, subsidiaries, directors, officers, representatives, agents and employees are named as additional insureds\* with respect to liability arising out of or connected with the work performed by or for the contractor. Coverage is primary & noncontributory."

\*In the event the Commercial General Liability policy includes a "blanket endorsement by contract," add the phrase "under a blanket endorsement."

Additionally Insured Endorsement: The Certificate Holders are to be named as additional insured, using the addresses below:

### Association of Bay Area Governments and its member counties c/o CLEAResult Consulting

180 Grand Ave, Suite 850 Oakland, CA 94612 Phone: (866) 878-6008 Fax: (510) 269-2017

#### **CLEAResult Consulting**

Inc. c/o CLEAResult Consulting 180 Grand Ave, Suite 850 Oakland, CA 94612 Phone: (866) 878-6008 Fax: (510) 269-2017

#### Pacific Gas & Electric Company

c/o CLEAResult Consulting 180 Grand Ave, Suite 850 Oakland, CA 94612 Phone: (866) 878-6008 Fax: (510) 269-2017

Please provide a copy of this page (Section V – Insurance Requirements) to your insurance agent to ensure that the Insurance Certificates are completed and worded correctly.