


GSRMA-387	CO	<b>CERTIFICATE OF COVERAGE</b>	06/28/2024
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Primary Insurance Provided by  Golden State Risk Management Authority P.O. Box 706 Willows, CA 95988-0706	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.		
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage/Policies must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
GSRMA MEMBER:  DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT P.O. BOX 164 OREGON HOUSE, CA 95962	COVERAGE AFFORDED BY	A	- Golden State Risk Management Authority
	COVERAGE AFFORDED BY	B	-
	COVERAGE AFFORDED BY	C	-
	COVERAGE AFFORDED BY	D	-

**Coverages**  
THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE/POLICIES 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/POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS/POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ENT LTR	TYPE OF COVERAGE	POLICY #	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE	LIMITS
<b>A</b>	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> WORKERS' COMPENSATION	JPA 2024	07/01/2024	07/01/2025	\$0	WORKERS' COMPENSATION: \$750,000
	<input checked="" type="checkbox"/> EMPLOYERS' LIABILITY					EMPLOYERS LIABILITY: \$750,000
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	JPA 2024	07/01/2024	07/01/2025	\$0	\$500,000
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY	JPA 2024	07/01/2024	07/01/2025	\$0	\$500,000
<b>A</b>	<b>CRIME</b> <input checked="" type="checkbox"/> EMPLOYEE THEFT-PER LOSS <input checked="" type="checkbox"/> DEPOSITORS FORGERY OR ALTERATION <input checked="" type="checkbox"/> THEFT, DISAPPEARANCE AND DESTRUCTION <input checked="" type="checkbox"/> COMPUTER AND FUNDS TRANSFER FRAUD	JPA 2024	07/01/2024	07/01/2025	\$2,500	\$25,000
<b>A</b>	<b>PROPERTY</b> <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM	JPA 2024	07/01/2024	07/01/2025	\$1,000 Per Policy \$250 Comp \$500 Coll \$1,000	ALL RISK: \$25,000 FLOOD: Per Policy AUTO (ACV): \$15,000 AUTO (RCV): PER POLICY BOILER AND MACHINERY: \$5,000

**Description of Operations/Locations/Vehicles/Special Items:**  
AS RESPECTS EVIDENCE OF COVERAGE FOR LEASE AGREEMENT BETWEEN DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT AND FELLOWSHIP OF FRIENDS, INC. FOR PREMISES LOCATED AT 12529 RICE'S CROSSING ROAD, OREGON HOUSE, CA 95962.

<b>Certificate Holder</b>  FELLOWSHIP OF FRIENDS, INC. P.O. BOX 164 OREGON HOUSE, CA 95962	<b>Cancellation</b> SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

GSRMA-387

CO

# CERTIFICATE OF COVERAGE

06/28/2024

## Public Risk Innovation, Solutions, and Management

C/O ALLIANT INSURANCE SERVICES, INC.  
18100 VON KARMAN AVENUE, 10TH FLOOR  
IRVINE, CA 92612

PHONE (949) 756-0271 / FAX (619) 699-0901  
LICENSE #0C36861

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COVERAGE AFFORDED BY **A - See attached schedule of insurers**

### MEMBER:

Golden State Risk Management Authority  
P.O. Box 706  
Willows, CA 95988-0706

COVERAGE AFFORDED BY **B - Public Risk Innovation, Solutions, and Management**

### GSRMA MEMBER:

DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT

COVERAGE AFFORDED BY **C - National Union Fire Insurance Company of Pittsburgh, PA (AIG)  
Berkley Insurance Company  
Great American Insurance Company**

### Coverages

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ENT LTR	TYPE OF COVERAGE	MEMORANDUM # /POLICIES	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	MEMBER'S SELF-INSURED RETENTION/ DEDUCTIBLE	LIMITS
<b>A</b>	<b>WORKERS' COMPENSATION</b> <input checked="" type="checkbox"/> WORKERS' COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	See attached for insurers policy numbers	07/01/2024	07/01/2025	\$750,000	WORKERS' COMPENSATION: Statutory EMPLOYERS LIABILITY: \$5,000,000
<b>B</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> EXCESS GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRISM PE 24 EL-63	07/01/2024	07/01/2025	\$500,000	Difference between \$1,000,000 and the Member's Self-Insured Retention
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY	PRISM PE 24 EL-63	07/01/2024	07/01/2025	\$500,000	Difference between \$1,000,000 and the Member's Self-Insured Retention
<b>C</b>	<b>CRIME</b> <input checked="" type="checkbox"/> EXCESS GOVERNMENTAL CRIME POLICY	01-245-19-01 BGOV-45003949-24	06/30/2024 06/30/2024	06/30/2025 06/30/2025	\$25,000	\$10,000,000 Per Occurrence limit Subject to member deductible \$5,000,000 Per Occurrence Limit \$1,000,000 Sublimit Applies To Faithful Performance
<b>B</b>	<b>PROPERTY</b> <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> FLOOD <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE (ONLY IF SCHEDULED) <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> TERRORISM  INCLUDES EARTHQUAKE TERRORISM LIMIT IS SHARED BY ALL MEMBERS IN ALL TOWERS ALL OTHER LIMITS ARE SHARED PER TOWER	PRISMPR 24-25	03/31/2024	03/31/2025	\$25,000 Per Policy \$15,000 PER POLICY \$5,000	\$25,000,000 PER OCC ALL RISK \$25,000,000 PER OCC ANNUAL AGG. LIMIT APPLIES TO FLOOD AUTO PHYS. DAMAGE DED. \$25,000,000 PER ACCIDENT BOILER & MACHINERY LIMIT  EARTHQUAKE IS INCLUDED UP TO \$25,000,000 PER OCCURRENCE AND ANNUAL AGGREGATE SUBJECT TO A DEDUCTIBLE OF 5% OF TOTAL INSURABLE VALUES PER UNIT, PER OCCURRENCE, SUBJECT TO A \$100,000 MINIMUM PER OCCURRENCE

### Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS EVIDENCE OF COVERAGE FOR LEASE AGREEMENT BETWEEN DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT AND FELLOWSHIP OF FRIENDS, INC. FOR PREMISES LOCATED AT 12529 RICE'S CROSSING ROAD, OREGON HOUSE, CA 95962.

### Certificate Holder

FELLOWSHIP OF FRIENDS, INC.  
P.O. BOX 164  
OREGON HOUSE, CA 95962

### Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES/POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Gina Dean*

Public Risk Innovation, Solutions, and Management

**PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT**  
**EXCESS WORKERS' COMPENSATION PROGRAM**  
**2024/2025 SCHEDULE OF INSURERS-GSRMA**  
**DOBBINS-OREGON HOUSE FIRE PROTECTION DISTRICT**

PROVIDER	MEMORANDUM / POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions, and Management	PRISM-PE 24 EWC-02	<p>Workers' Compensation:  \$50,000,000    each accident/each employee  for disease  (Difference between \$50,000,000 and the  individual member's retention)</p> <p>Employers' Liability:  \$5,000,000    each accident/each employee  for disease  (Difference between \$5,000,000 and the  individual member's retention)</p>
Liberty Insurance Corporation	EW2-64N-444785-014	<p>Statutory    each accident/each employee  for disease excess of  \$50,000,000</p>