

CERTIFICATE NO.		ISSUE DATE			
GL1-3943      CO		CERTIFICATE OF COVERAGE		06/28/2024	
<b>Public Risk Innovation, Solutions, and Management</b> 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		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 must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
		COVERAGE AFFORDED <b>A- Public Risk Innovation, Solutions, and Management</b>			
		COVERAGE AFFORDED <b>B</b>			
<b>Member:</b> INYO COUNTY ATTN: AARON HOLMBERG, RISK MANAGER 1360 N. MAIN ST. BISHOP, CA 93514		COVERAGE AFFORDED <b>C</b>			
		COVERAGE AFFORDED <b>D</b>			
<b>Coverages</b> THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE 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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
<b>A</b>	<input checked="" type="checkbox"/> Excess General Liability	PRISM 24 EL-05	07/01/2024	07/01/2025	\$1,000,000
	<input checked="" type="checkbox"/> Auto Liability				\$1,000,000
	Limits inclusive of the Member's Self-Insured Retention of \$250,000				
Description of Operations/Locations/Vehicles/Special Items:  AS RESPECTS EVIDENCE OF COVERAGE ONLY.  COVERAGE INCLUDES ERRORS AND OMISSIONS.					
<b>Certificate Holder</b>  FOR THE PURPOSE OF EVIDENCE ONLY C/O AARON HOLMBERG, RISK MANAGER 1360 N MAIN ST BISHOP, CA 93514			<b>Cancellation</b> SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WIL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.		
			AUTHORIZED REPRESENTATIVE   Public Risk Innovation, Solutions, and Management		