



CERTIFICATE OF LIABILITY INSURANCE

NBSGOVE-01

MES

DATE (MM/DD/YYYY)

9/20/2012

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

PRODUCER Vanorsdale Insurance Services 6165 Greenwich Drive, Suite 200 San Diego, CA 92122	(858) 869-8300	CONTACT NAME: Janet Darby	
		PHONE (A/C No. Exl): 858-869-8326 FAX (A/C No.): 858-869-8301	
		E-MAIL ADDRESS: JDarby@Vanorsdale.com	
INSURED NBS Government Finance Group 32605 Temecula Parkway, Suite 100 Temecula, CA 92592	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Maryland Casualty Insurance Company		
	INSURER B: American States Insurance Company		
	INSURER C: Golden Eagle Insurance Corporation		
	INSURER D: Northern Insurance Company of New York		
	INSURER E:		
		INSURER F:	

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	TYPE OF INSURANCE	ADDL SUBRS (INSR WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	PAS00053837	9/24/2012	9/24/2013	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 4,000,000
						PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		01C16321551	9/24/2012	9/24/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB		CU8919493	9/24/2012	9/24/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE					Over Auto Only \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	0429775202	9/24/2012	9/24/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
*Except 10 days notice of cancellation for non-payment of premium.

El Dorado County is named additional insured per CG2010 07/04 form regarding General Liability.
CERTIFICATE ISSUED DUE TO POLICY RENEWAL

CERTIFICATE HOLDER	CANCELLATION
El Dorado County 360 Fair Lane Placerville, CA 95667-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED OWNERS, LESSEES OR
CONTRACTORS SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
El Dorado County	Placerville, CA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



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INSURED NBS Government Finance Group 32605 Temecula Parkway, Suite 100 Temecula, CA 92592		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	UTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		PHSD781182	9/24/2012	9/24/2013	Each Wrongful Act \$2,000,000
A	Professional Liability		PHSD781182	9/24/2012	9/24/2013	Annual Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*Except 10 days notice of cancellation for non-payment of premium.

Proof of Insurance

CERTIFICATE ISSUED DUE TO POLICY RENEWAL.

CERTIFICATE HOLDER El Dorado County 360 Fair Lane Placerville, CA 95667-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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FAXED

Please Save the Completed Form and email to Contracts using Lotus Notes or CAOContracts@edcgov.us for those not using Lotus Notes. Alternate: Print and Fax to (530) 295-2537

Print a Copy

Contract and Amendment Competitive Selection Process Form

Prior to submitting a Contract Request Package to the Procurement and Contracts Division for contracts over \$100,000.00 in value, Departments, in accordance with Board of Supervisors Policy C-17, Sections 7.5 and 7.10, must complete this form and submit it to the Purchasing Agent. The Purchasing Agent will review the submission and respond with any required competitive selection process.

Departments are advised to submit this form well in advance of any potential contract requests so that any required competitive process can be planned and executed. Upon receipt of this information, the Purchasing Agent will respond with the required competitive process to be used to comply with the Board of Supervisors Policy.

Please contact the Procurement and Contracts Division with any questions.

* Required for All Submissions ** Required for New Contracts *** Required for Amendments

Name* Keely Giovannoni *Keely Giovannoni* Department* Auditor Controller

Vendor Name* NBS Government Finance Group, Inc.

Choose One* New Contract (continue below) Contract Amendment (skip to page 3)

New Contract Information

Term (i.e. # of years) ** 5 years Compensation** \$ 250,000.00

Briefly Provide the Reason/Justification for Contract **

NBS has provided County with Mello Roos bond administrative services. The cost of services is the responsibility of the property owners of the district. NBS assists the Auditors Office in administering Mello Roos Districts bond in accordance with state & federal law. With this assistance, the County's likelihood of a material error or omission is reduces to a low level.

Briefly Provide the Scope of Services **

Maintain community facilities district parcel database, determine annual tax levy, submit annua special tax levy to auditor, prepare and submit annual report, provide fund management services, prepare and submit reports to the California Debt and Investment Advisory Committee, continuing disclosure, miscellaneous supoprt services

Competitive Selection Process HAS occurred within the past 3 years

Please Describe the Competitive Selection Process that was conducted

[Empty box for describing the competitive selection process]

Department HAS Coordinated Outside Review

Name of Reviewer _____

Agency or Department _____

Phone Number _____

Department HAS NOT Coordinated Outside Review

Identify/Recommend outside reviewer to perform any required review of this vendor

Name of Reviewer _____

Agency or Department _____

Phone Number _____

If requesting consideration of a Sole Provider, provide justification below (if contract value exceeds \$100,000, outside review sections must be completed.)

Comparative cost analysis is not feasible. Special skills and qualifications are needed to perform the work of this contract and the Consultant possesses the skill and experience specific to those required for bond administration of Mello Roos Districts

End of New Contract Information