



**CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY
CERTIFICATE OF COVERAGE**

**CERTIFICATE HOLDER
AND ADDITIONAL COVERED PARTY:** _____

**THIS CERTIFIES THAT THE COVERAGE
DESCRIBED HEREIN HAS BEEN ISSUED TO:** _____

DESCRIPTION OF ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

ENTITY PROVIDING COVERAGE	COVERAGE LIMITS	CERTIFICATE EXPIRATION DATE

The following coverage is in effect and is provided through participation in a risk sharing joint powers authority: comprehensive general and automobile liability as defined in the Memorandum of Coverage on file with the entity and which will be made available upon request.

The coverage being provided is limited to the activity and the time period indicated herein and is subject to all the terms, conditions and exclusions of the Memorandum of Coverage of the _____.

The certificate holder named herein is only an additional covered party for covered claims arising out of the activity described herein and is subject to the limits stated herein.

Coverage is in effect at this time and will not be cancelled, limited or allowed to expire at a date other than that indicated herein except upon 30 days written notice to the certificate holder.

DATE

AUTHORIZED SIGNATURE

NAME AND TITLE (print or type)

*Form B2
Revised: 07/16/2008*