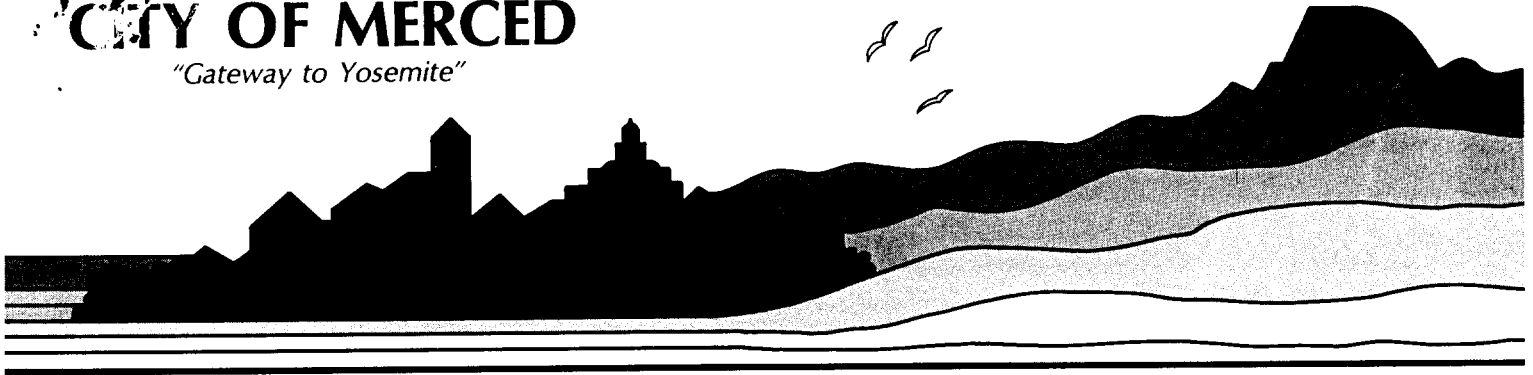


8/10/94

# CITY OF MERCED

"Gateway to Yosemite"



September 1, 1994

Attn: Bill Tilley  
Merced Union High School District  
Post Office Box 2147  
Merced, California 95344

Dear Mr. Tilley:

Enclosed is a copy of a duly executed facilities use agreement, effective August 10, 1994, with the City of Merced for recreation programs.

Sincerely,

Carol Brigaman  
Deputy City Clerk

cc: City Attorney  
Recreation  
Finance  
Purchasing  
w/Enclosure

1994-8-22-1  
1201-94-83  
aff 8-10-44

AGREEMENT

WHEREAS, the City of Merced and the Merced High School District are mutually interested in and concerned with the provision of adequate facilities for the recreation and physical well-being of the people of the City of Merced; and

WHEREAS, the Merced High School District and City of Merced have certain play areas, gymnasiums, auditoriums, and other educational and recreational facilities under the respective jurisdictions suitable for community recreation programs, and the City, in its Recreation and Parks Department, has in its employ certain employees well qualified to supervise, direct and conduct such a community recreation program; and

WHEREAS, the governing bodies of each of the above named parties are agreed that community recreation is necessary for the development of good citizenship and for promoting and preserving the health and general welfare of the inhabitants of the territory over which they have jurisdiction, and the parties hereto feel that this Agreement should be entered into for the purpose of carrying out a recreational program, under the provisions of Section 10900 et seq. of the Education Code of the State of California and any amendments thereto or otherwise.

NOW, THEREFORE, IT IS HEREBY MUTUALLY AGREED BETWEEN THE MERCED HIGH SCHOOL DISTRICT, hereinafter known as the District, and the CITY OF MERCED, hereinafter designated as the City, that:

I

The District and City shall make available to each other for community recreation activities those certain facilities described in Exhibit A attached hereto and made a part hereof. Prior to use

of a facility, both District and City shall agree upon a financial arrangement, if appropriate, for said use of those certain facilities described in Exhibit A.

The City shall agree to pay operating costs of North Campus pool in the summer interval when school is not in regular session, i.e., costs of chemicals, power, labor and other items deemed essential for the satisfactory functioning of the pool and dressing Rooms, The City shall employ qualified personnel for the operation of the pool and set an admission charge and collect and retain such admission charges when the City has the control and operation of the pool during the summer interval.

## II

The use of any facilities selected hereunder shall be in accordance with the regular procedures of District and City in granting permits for use of facilities as provided for by the laws of California and the rules and regulations of the Board of Trustees of District and the Merced City Council.

## III

Time schedules shall be established for said use by designated representatives of the Superintendent of Schools of District and the Director of the Recreation and Parks Department of City.

It is further agreed that a schedule of dates and times for use of the District school facilities and Park Department facilities will be worked out in advance; that this schedule will be so arranged as to avoid any conflict between the school and the Recreation Department use; in the scheduling of said school

facilities, school events and programs shall have first priority and the recreation program established by City shall have second priority and any other events by other groups or agencies shall have third priority. In the scheduling of Recreation and Park facilities, it is further agreed that the City recreation program shall have first priority, the school events and programs shall have second priority, and any other events by other groups or agencies shall have third priority. Any such schedule so established may be changed by mutual agreement.

#### IV

The City, through its employees in the Recreation and Parks Department, agrees to provide adequate personnel to supervise facilities used and the recreation activities conducted which take place after school hours and during holiday and vacation periods at the selected school facilities. In the employment of personnel for this program, the Recreation and Parks Department will give first consideration to school employees, providing they are qualified and available for such work. When qualified people are not available from the school system, the City shall have the right to hire persons outside the school system.

It shall be permissible where such activities are beneficial to both school and recreation programs to allow the working hours of City personnel to be integrated with District school hours. In the event such activities are conducted during school hours with students, the employee of the Recreation and Parks Department shall be subject to the administrative authority and supervision of the

principal of the school. Except as hereinbefore set forth, the personnel employed by the City shall be under the supervision of the City Recreation and Parks Department.

V

It is recognized that school properties and facilities are intended primarily for school purposes and for the benefit of students. It is therefore agreed that, in planning programs and scheduling activities on school grounds, the recreational needs and opportunities of such students will be well provided for and adequately protected.

VI

It is further agreed that in the event any dispute or difference arises as a result of the recreation program conducted on sites jointly used and selected as above outlined or as to use of a school district facility, said dispute shall be settled and arbitrated by the Board of Trustees of District and the Recreation and Parks Commission of City, in accordance with such procedures as they may establish.

VII

It is further understood and agreed that the school district will install and maintain (when and where appropriate or feasible) all fences, play apparatus and facilities necessary for its school program and that on the sites agreed upon said equipment, apparatus and facilities may be used by City for community recreation purposes. It is further understood and agreed that the City Recreation and Parks Department will, with the approval of the

school superintendent, furnish and supply all portable facilities and equipment necessary for the community recreation program which are not included as a requirement for the school program and that in the event said facilities and equipment are so furnished and where available that they may be used by the school district for school purposes.

#### VIII

It is further agreed that the school district shall provide all the custodial services for auditoriums, gyms, and other indoor facilities of any school plant used by the City and District. The City shall provide all custodial services on parks, park buildings, swimming pools, and other facilities mutually used by the District and the City. The cost of providing custodial services shall be agreed upon prior to use.

#### IX

District shall provide all supervisory personnel whenever school-sponsored activities are being conducted on City property.

District shall save and hold City harmless from all claims or causes of action for injury to persons or damage to property resulting from its negligence or inadequate supervision of any school-sponsored activities conducted by it on City property.

City shall save and hold District harmless from any and all claims or causes of action for injury to persons or damage to property which may arise by reason of any dangerous or defective condition of City property, including permanently installed recreation and play equipment situated on City property. City

shall provide evidence, satisfactory to the District, that City has casualty and liability insurance coverage for any such claims or causes for action, and that such evidence shall name District as an Additional Insured.

District shall be responsible for any damage to City property which may result from any school-sponsored activities being conducted on City property.

City shall provide all supervisory personnel whenever community recreation activities are being conducted on District property.

City shall save and hold District harmless from all claims or causes of action for injury to persons or damage to property resulting from its negligence or inadequate supervision of any community recreation activities conducted by it on District property.

District shall save and hold City harmless from any and all claims or causes of action for injury to persons or damage to property which may arise by reason of any dangerous or defective condition of District property, including permanently installed recreation and plan equipment situated on District property. District shall provide evidence, satisfactory to the City, that District has casualty and liability insurance coverage for any such claims or causes for action, and that such evidence shall name City as an Additional Insured.

City shall be responsible for any damage to District property

which may result from any community recreation activities being conducted on District property.

X

This Agreement shall be effective on August 10, 1994, and shall remain in force for one year. The parties agree that this Agreement shall be deemed renewed from year-to-year unless one notifies the other in writing no later than thirty (30) days prior to the end of the yearly term of its intention to terminate this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on their behalf.

DATED: August 30, 1994

ATTEST:  
BY: *Dorothy C. Lewis*  
Deputy City Clerk

CITY OF MERCED  
A Municipal Corporation  
BY: *Quaynor*  
City Manager

APPROVED AS TO FORM:  
BY: *[Signature]*  
City Attorney

MERCED UNION HIGH SCHOOL DISTRICT  
BY: *Alan Andersen*  
President of the Board of Trustees

FUNDS/ACCOUNTS VERIFIED  
940083  
Contract No.  
BY: *[Signature]*  
Finance Office Date

BY: *Bill Kelly*  
Secretary/Superintendent

Address: P.O. Box 2147  
Merced, CA 95344

MHSDRECFA

Telephone No. 209-385-6412

*no funds necessary 8/29/94  
file*



EXHIBIT "A"  
HIGH SCHOOL AGREEMENT

CITY

1. All City Parks, including play fields, ball fields, and tennis courts
2. All City buildings and facilities under the jurisdiction of the Recreation and Parks Department
3. Memorial Plunge
4. North Campus swimming pool (summer)
5. Ada Givens swimming pool
6. Stephen Leonard swimming pool
7. Storage rooms and restrooms as mutually agreed upon
8. All hard surface outside courts

MERCED HIGH SCHOOL, EAST CAMPUS EDUC. CENT. and GOLDEN VALLEY HIGH SCHOOL

1. Gymnasiums
2. Ball fields
3. Soccer fields
4. Track and field area
5. Hard surface outside game courts
6. Swimming Pool - North Campus
7. Multi-purpose rooms
8. Classrooms -- general and specialized
9. Storage rooms and restrooms as mutually agreed upon
10. Theatre - Golden Valley (Fee based)

MHSDRECFAA

# ACORD CERTIFICATE OF INSURANCE

8-10-94

ISSUE DATE (MM/DD/YY)

FORM # 2295

12/13/2000

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

**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.**

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISC-Self Insured Schools of Calif.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				<b>GENERAL AGGREGATE</b> \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				<b>PRODUCTS-COMP/OP AGG.</b> \$
<b>A</b>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				<b>PERSONAL &amp; ADV. INJURY</b> \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 1101 02	01/01/2001	01/01/2002	<b>EACH OCCURRENCE</b> \$ 1000000.
					<b>FIRE DAMAGE (Any one fire)</b> \$
					<b>MED. EXPENSE (Any one person)</b> \$
	<b>AUTOMOBILE LIABILITY</b>				<b>COMBINED SINGLE LIMIT</b> \$
	ANY AUTO				
	ALL OWNED AUTOS				<b>BODILY INJURY (Per person)</b> \$
	SCHEDULED AUTOS				
	HIRED AUTOS				<b>BODILY INJURY (Per accident)</b> \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				<b>PROPERTY DAMAGE</b> \$
	<b>EXCESS LIABILITY</b>				<b>EACH OCCURRENCE</b> \$
	UMBRELLA FORM				<b>AGGREGATE</b> \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				<b>STATUTORY LIMITS</b>
	AND				<b>EACH ACCIDENT</b> \$
	<b>EMPLOYERS' LIABILITY</b>				<b>DISEASE—POLICY LIMIT</b> \$
					<b>DISEASE—EACH EMPLOYEE</b> \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

JOINT USE AGREEMENT FOR USE OF FACILITIES  
WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSUREDS, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**CERTIFICATE HOLDER**

CITY OF MERCED  
678 W. 18TH STREET  
MERCED, CA 95340  
ATTN: SANDY HARTMAN

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

J.B.JETT, Chief Operating Officer

# ACORD. CERTIFICATE OF INSURANCE

FORM # 2295

ISSUE DATE (MM/DD/YY)

01/12/2000

8-10-84

**PRODUCER**

Walter Hortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISC-Self Insured Schools of Calif.
- COMPANY LETTER **B**
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
A	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 110 001	01/01/2000	01/01/2001	EACH OCCURRENCE \$ 1,000,000.
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	<b>EMPLOYERS' LIABILITY</b>				DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSUREDS, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**JOINT USE AGREEMENT FOR USE OF FACILITIES**

**CERTIFICATE HOLDER**

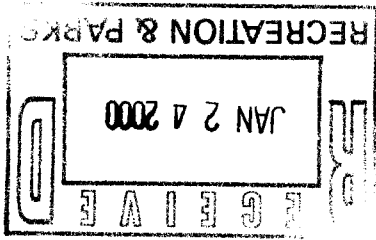
CITY OF MERCED  
678 W. 18TH STREET  
MERCED, CA 95340  
ATTN: SANDY HARTMAN

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

J.B. JETT, Chief Operating Officer



# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

FORM # 2197

01/07/99

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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.

RECEIVED  
1/10/99

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISC-Self Insured Schools of Calif.
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 1199 00	01/01/99	01/01/00	EACH OCCURRENCE \$ 1000000.
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**      **JOINT USE AGREEMENT FOR USE OF FACILITIES**  
 WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**CERTIFICATE HOLDER**

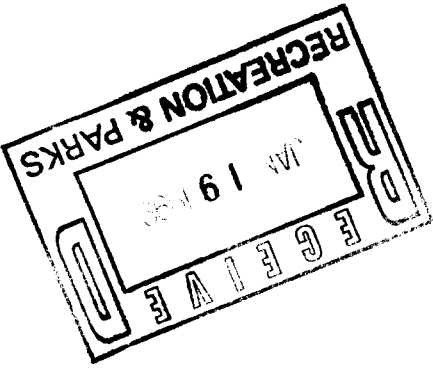
CITY OF MERCED  
678 W. 18TH STREET  
MERCED, CA 95340  
ATTN: SANDY HARTMAN

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

Steve Somsen, ARM, Chief Operating Officer



2000 1000 1000

1000 1000  
SIS

# ACORD. CERTIFICATE OF INSURANCE

FORM # 2295

ISSUE DATE (MM/DD/YY)  
01/29/98

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
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MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISO-Self Insured Schools of Calif.
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A	GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 1198 99	01/01/98	01/01/99	EACH OCCURRENCE \$ 1000000.
					FIRE DAMAGE (Any one fire) \$
				MED. EXPENSE (Any one person) \$	
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**      **JOINT USE AGREEMENT FOR USE OF FACILITIES**  
 WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSUREDS, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

<p><b>CERTIFICATE HOLDER</b></p> <p>CITY OF MERCED 678 W. 18TH STREET MERCED, CA 95340 ATTN: SANDY HARTMAN</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>_____                  AUTHORIZED REPRESENTATIVE</p> <p>James B. Faux, Director, Insurance Services</p>
--	--

8-10-94

Carat

# ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

08/28/96

**PRODUCER**  
**BARLOCKER INSURANCE SERVICES**  
 P.O. BOX 2009  
 MERCED CA 95340  
 209-383-0220

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.

### COMPANIES AFFORDING COVERAGE

COMPANY  
**A INSURANCE COMPANY OF THE WEST**

COMPANY  
**B C/O S.J. PETRAKIS**

COMPANY  
**C**

COMPANY  
**D**

**COPY**

**INSURED**  
 CITY OF MERCED  
 678 W. 18TH STREET  
 MERCED CA 95340

### COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	CSR1208312-03	07/01/96	07/01/97	GENERAL AGGREGATE \$	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input checked="" type="checkbox"/> \$500,000 SELF-INSURED				FIRE DAMAGE (Any one fire) \$	
	<input checked="" type="checkbox"/> RETENTION				MED EXP (Any one person) \$	
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$	
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT \$	
					AGGREGATE \$	
A	<b>EXCESS LIABILITY</b>	ESR1208313-03	07/01/96	07/01/97	EACH OCCURRENCE \$ <b>9,000,000</b>	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ <b>9,000,000</b>	
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input type="checkbox"/> INCL	EACH ACCIDENT \$
					<input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT \$
						DISEASE - EACH EMPLOYEE \$
	<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED AS RESPECTS THE USE OF FACILITIES. \*\*NOTICE OF CANCELLATION FOR NON-PAYMENT SHALL REMAIN 10 DAYS\*\*

### CERTIFICATE HOLDER

MERCED UNION HIGH SCHOOL DISTRICT  
 P.O. BOX 2147  
 MERCED CA 95344-0147

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Kenia Felix*



# ACORD CERTIFICATE OF INSURANCE

FORM # 2295

ISSUE DATE (MM/DD/YY)  
12/14/95

8-10-94

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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.

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF KERN, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISK-Self Insured Schools of Kern
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	SLP 1196 97	01/01/96	01/01/97	GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ <b>1000000.</b> FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$

**OTHER**

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**JOINT USE AGREEMENT FOR USE OF FACILITIES**

WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED IS NAMED AS A AN ADDITIONAL INSURED BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**CERTIFICATE HOLDER**

CITY OF MERCED  
678 W. 18TH STREET  
MERCED, CA 95340  
ATTN: SANDY HARTMAN

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~XXXXXXXXXX~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~NOTHING HEREIN SHALL IMPOSE ANY OBLIGATION OR LIABILITY ON THE COMPANY OR ITS AGENTS OR REPRESENTATIVES~~

**AUTHORIZED REPRESENTATIVE**

James B. Faux, Director, Insurance Services

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

FORM # 2295

09/01/94

PRODUCER

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Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A**

SISK-Self Insured Schools of Kern

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

SELF INSURED SCHOOLS OF KERN, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847

MERCED UNION HIGH SCHOOL DISTRICT

### COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>					
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$
<input checked="" type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG. \$
<b>A</b>	OWNER'S & CONTRACTOR'S PROT.	SLP 1194 95	01/01/94	01/01/95	PERSONAL & ADV. INJURY \$
					EACH OCCURRENCE \$ <b>1000000.</b>
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
<b>EXCESS LIABILITY</b>					
	UMBRELLA FORM				STATUTORY LIMITS
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
<b>WORKER'S COMPENSATION</b>					
	AND				DISEASE-POLICY LIMIT \$
	EMPLOYERS' LIABILITY				DISEASE-EACH EMPLOYEE \$
<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

### JOINT USE AGREEMENT FOR USE OF FACILITIES

WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED IS NAMED AS A AN ADDITIONAL INSURED BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

### CERTIFICATE HOLDER

CITY OF MERCED  
678 W. 18TH STREET  
MERCED, CA 95340  
ATTN: SANDY HARTMAN

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~BE REQUIRED~~ TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT THIS NOTICE SHALL NOT BE REQUIRED UNLESS THE POLICY IS CANCELLED FOR ANY KIND OF NON-PAYMENT OF PREMIUMS OR NON-REPRESENTATION~~

AUTHORIZED REPRESENTATIVE

James B. Faux, Director, Insurance Services

# CITY OF MERCED

"Gateway to Yosemite"



(209) 385-6867  
December 15, 1997

Attn: Bill Tilley  
Merced Union High School District  
Post Office Box 2147  
Merced, California 95344

Dear Mr. Tilley:

Our files indicate that the insurance, as required in the District's agreement with the City of Merced will expire on January 1, 1998. Please furnish a new certificate of insurance to the Merced City Clerk's Office by that date.

A copy of a the current insurance certificate, showing the required wording in the cancellation clause, is enclosed for your reference.

Sincerely, .

*Carol Brigaman*

Carol Brigaman  
Deputy City Clerk

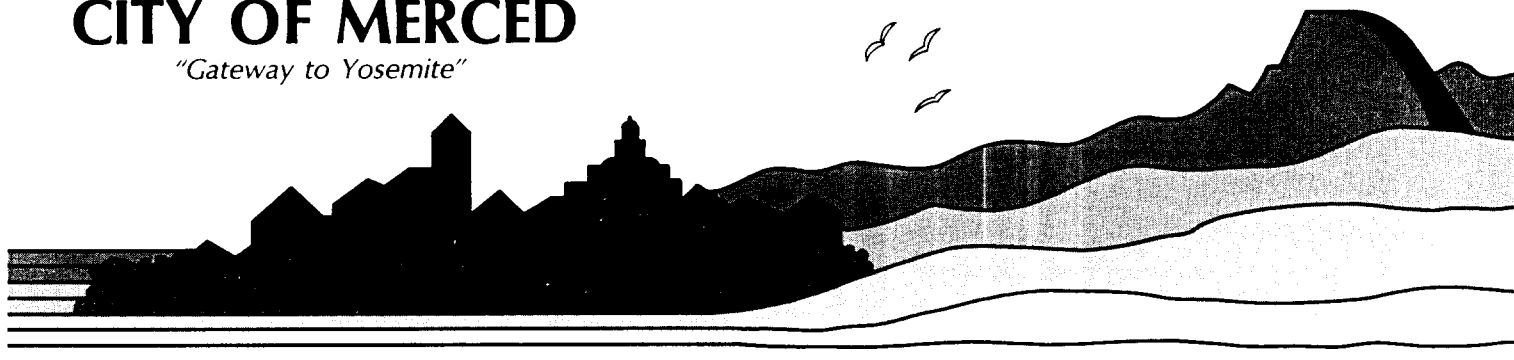
c: City Attorney  
Recreation and Parks

letterins

385-6400

# CITY OF MERCED

"Gateway to Yosemite"



**(209) 385-6867**

**FAX (209) 384-5805**

**December 22, 1999**

**Attn: Bill Tilley  
Merced Union High School District  
Post Office Box 2147  
Merced, California 95344**

**Dear Mr. Tilley:**

**Our records indicate that the casualty and liability insurance, as required in MUHSD's agreement with the City of Merced will expire on January 1, 2000. Please furnish a new certificate of insurance to the Merced City Clerk's Office as soon as possible.**

**A copy of the current insurance certificate showing the required wording in the cancellation clause is enclosed for your reference.**

**Sincerely,**

**Carol Brigaman  
Deputy City Clerk**

**C: City Attorney  
Recreation**

# ACORD. CERTIFICATE OF INSURANCE

8-10-94

FORM # 2295

ISSUE DATE (MM/DD/YY)

06/18/2001

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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.

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISC-Self Insured Schools of Calif.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**COVERAGES**

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
<b>A</b>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 7101 02	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 1000000.
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	<b>EMPLOYERS' LIABILITY</b>				DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**JOINT USE AGREEMENT FOR USE OF FACILITIES**

**CERTIFICATE HOLDER**

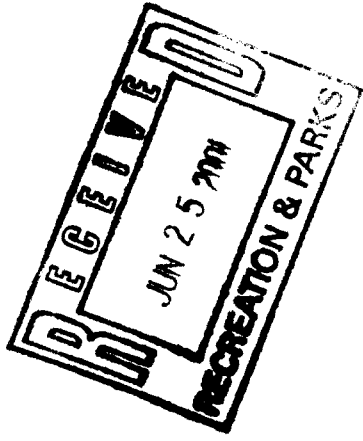
CITY OF MERCED  
ATTN: SANDY HARTMAN  
678 W. 18TH STREET  
MERCED, CA 95340

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

J.B.JETT, Chief Administrative Officer



**PAGE** LEGISLATIVE HISTORY NARRATIVE

**PURPOSE** CONTRACT-MUTUAL USE OF FACILITIES, AUTOMATIC ANNUAL RENEWAL UNLESS 45 DAYS WRITTEN NOTICE TO CANCEL, EXCHANGE INS CERT EVERY 7/1

**Display**  
**Abbreviation**

**NAME** MERCED COMMUNITY COLLEGE DISTRICT

**LOCATION** MERCED, CA 95340

**Num** 3600 **Street** M

**Type** ST

**Apt**

**INDEX**

**SUBJECT:** (1) C 8 (2) (3)  
**RESP DEPT:** (1) 1201 (2) (3) (4) (5)

**Display**  
**Subject** [ ]  
**Dept** [ ]

**OTHER:** **Res** **Ord** **Deed** **APN**  
Contract 1201 2002 708 **AMT** **Amendment**  
GENERAL

**Proj**

**OLD LEGIS. NO**

**Volume**

**Page**

**DATES**

**Adopted** 11/04/2002 **Effec** 11/04/2002 **Renw** **Renw Cd**  
**Tick** 6/10/2003

CMD KEY 1--END OF JOB CMD KEY 4--RETURN ROLL SCREEN  
CMD KEY 2--CRITERIA SCREEN CMD KEY 7--NARRATIVE

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

FORM # 2295

07/11/2003

**PRODUCER**

Waiter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

**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.**

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1500 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A** SISC-Self Insured Schools of Calif.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
A	OWNER'S & CONTRACTOR'S PROT.	SLP 7103 04	07/01/2003	07/01/2004	EACH OCCURRENCE \$ 1500000.
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				

JUL 17 2003  
 SYLVIA B. HARTMAN & PARTNERS

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS** JOINT USE AGREEMENT FOR USE OF FACILITIES WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**CERTIFICATE HOLDER**  
CITY OF MERCED  
ATTN: SANDY HARTMAN  
678 W. 18TH STREET  
MERCED, CA 95340

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**  
J.B. JETT, Chief Administrative Officer



# ORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/02/02

.CER

FAX (209) 384-0401  
LEAP/CARPENTER/KEMPS INS AGCY  
3187 COLLINS DR - P O BOX 1512  
MERCED CA 953411512

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.

### COMPANIES AFFORDING COVERAGE

COMPANY A GENESIS INSURANCE COMPANY  
COMPANY B  
COMPANY C  
COMPANY D

INSURED

CITY OF MERCED  
ATTN: DOROTHY PENNER  
678 W 18TH ST  
MERCED CA 953404708

02 JUL 10 11:47 AM '02  
CITY OF MERCED

### COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	YXB300531E	7/01/02	7/01/03	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS 10 DAY NOTICE OF NON-PAYMENT OF PREMIUM APPLIES AS RESPECTS THE SUPERVISED USE OF FACILITIES, PER THE JOINT USE OF FACILITIES AGREEMENT WITH THE MERCED UNION HIGH SCHOOL DISTRICT, ITS OFFICERS, EMPLOYEES AND AGENTS ARE INCLUDED AS ADDITIONAL INSUREDS.

### CERTIFICATE HOLDER

MERCED UNION HIGH SCHOOL DIST  
PO BOX 2147  
MERCED CA 95344-0147

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Georgia Rutrom VM A

POLICY NUMBER: YXB300531E

VM  
COMMERCIAL GENERAL LIABILITY  
CG 20 11 85

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name of Person or Organization:

MERCED UNION HIGH SCHOOL DISTRICT

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

FORM # 2295

06/20/2002

**PRODUCER**

Walter Mortensen Associates Insurance  
4701 Stockdale Hwy.  
Bakersfield, CA 93309

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.

**COMPANIES AFFORDING COVERAGE**

**INSURED**

SELF INSURED SCHOOLS OF CALIFORNIA, ET AL  
P.O. Box 1847  
1300 17th Street  
Bakersfield  
CA 93303-1847  
MERCED UNION HIGH SCHOOL DISTRICT

- COMPANY LETTER **A**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

SISC-Self Insured Schools of Calif.

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
<b>X</b>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
<b>A</b>	CLAIMS MADE <b>X</b> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.	SLP 7102 03	07/01/2002	07/01/2003	EACH OCCURRENCE \$ 1500000.
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**      **JOINT USE AGREEMENT FOR USE OF FACILITIES**  
 WITHIN CITY OF MERCED FOR WHICH USE THE CITY OF MERCED, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED, BUT ONLY FOR MERCED HIGH SCHOOL DISTRICT'S OPERATIONS LIABILITY ARISING FROM THEIR PARTICIPATION IN THE ABOVE AGREEMENT.

**CERTIFICATE HOLDER**      **CANCELLATION**  
 CITY OF MERCED  
 ATTN: SANDY HARTMAN  
 678 W. 18TH STREET  
 MERCED, CA 95340  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**  
 J.B. JETT, Chief Administrative Officer