



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

CERTIFICATE HOLDER: _____

**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
California Joint Powers Risk Management Authority	\$ excess of \$	

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 subject to all the terms, conditions and exclusions of the Memorandum of Coverage of the California Joint Powers Risk Management Authority.

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)

THIS CERTIFICATE DOES NOT PROVIDE COVERAGE TO THE CERTIFICATE HOLDER

*Form A
Revised: 07/16/2008*