

## **COUNTY OF SAN BERNARDINO INSURANCE REQUIREMENTS**

You must provide proof of liability insurance and a Letter of Endorsement (ISO form # CG-20-12-07-98 or AB-90-67-12-93 or equivalent) naming the County of San Bernardino as additionally insured for the amount of \$1 million. **The Insurance Certificate must read in the “Certificate Holder” Box verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043.**

In the “Description of Operations” box the following must read verbatim: **The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder.**

The Letter of Endorsement must read verbatim: **County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043 and The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder.**

**NO HAND-WRITTEN CERTIFICATES OR ENDORSEMENTS WILL BE ACCEPTED.**