

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

PRODUCER
INSURANCE AGENT/BROKER NAME
CITY, STATE ZIPCODE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NOT RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY
A INSURANCE COMPANY NAME

INSURED
HOST/APPLICANT NAME
CITY, STATE ZIPCODE

COMPANY
B INSURANCE COMPANY NAME

COMPANY
C INSURANCE COMPANY NAME

COMPANY
D INSURANCE COMPANY NAME

COVERAGE This certificate supercedes and replaces any previously issued certificate for the policy period noted below

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	POLICY NUMBER	XX / XX / XX	XX / XX / XX	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS -COMP/OP AGG	\$ 2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTORS PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
B	AUTOMOBILE LIABILITY	POLICY NUMBER	XX / XX / XX	XX / XX / XX	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:	
	GARAGE LIABILITY				EACH ACCIDENT	
	ANY AUTO				AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	UMBRELLA FORM				AGGREGATE	
	OTHER THAN UMBRELLA FORM					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	XX / XX / XX	XX / XX / XX	<input checked="" type="checkbox"/> WC STAT LIMITS <input type="checkbox"/> OTHER	
	COMMERCIAL GENERAL LIABILITY				EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EACH EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

Program Administrator, its affiliates, subsidiaries, and parent company, and Program Administrator's directors, officers, agents and employees with respect to liability arising out of the work performed by or for the Applicant and Host Customer are additional insureds if so provided by a blanket endorsement under the General Liability policy, or if by specific endorsement (such as ISO CG2010); and such General Liability policy shall be endorsed to specify that the Applicant's and Host Customer's insurance is primary and that any insurance or self-insurance maintained by Program Administrator shall not contribute with it.

CERTIFICATE HOLDER

The Southern California Gas Company
Program Administrator
Self-Generation Incentive Program
555 West Fifth Street, ML GT-22H4
Los Angeles, Ca 90013-1040

CANCELLATION

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

BY:

****AGENTS OR BROKERS SIGNATURE REQUIRED****

VALID AS OF:

1. UNDER AUTO LIABILITY, "ANY AUTOS" OR "ALL OWNED, HIRED AUTOS AND NON-OWNED AUTOS" ACCEPTABLE
2. RED FONT IDENTIFIES AREAS ON THE COI THAT YOU MUST INCLUDED