

American Alternative Insurance Corporation*(a stock insurance company)*

Administrative Office: 555 College Road East • Princeton, NJ 08543-5241 • (800) 305-4954
 Statutory Office: 2711 Centerville Road, Suite 400 • Wilmington, DE 19805

Administered by: Glatfelter Insurance Services, Inc. • 183 Leader Heights Road • York, PA 17402
 (800) 233-1957 • www.GlatfelterPublicPractice.com

Glatfelter
 **Public**
PracticeSM
 A Division of Glatfelter Insurance Group

COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

RECLAMATION DISTRICT NO. 537
 PO BOX 822
 WEST SACRAMENTO, CA 95691-0000

Policy Number:

GPPA-PF-6056857-01/000

Renewal of:

GPPA-PF-6056857-00

Policy Period:

From 05-01-2019

To 05-01-2020

12:01 AM Standard Time at your mailing address shown above.

Type of Entity:

RECLAMATION DISTRICT

Business Description:

WATER UTILITY

This policy consists of the following coverage parts:

	Premium
Property	Not Covered
Crime	\$399.00
Inland Marine	Not Covered
Auto	Not Covered
General Liability	\$3,265.00
Public Officials and Management Liability	\$1,263.00
Educators Legal Liability	Not Covered
Excess Liability	\$915.00
Taxes, Fees, Surcharges:	\$0.00
Estimated Total Premium:	\$5,842.00

The policy premium is payable on the dates and in the amounts shown below:

See Installment Schedule

Named Insured:
RECLAMATION DISTRICT NO. 537

Policy Number: GPPA-PF-6056857-01/000
Policy Period: From 05-01-2019
To 05-01-2020

GENERAL LIABILITY COVERAGE PART DECLARATIONS

LIMITS OF INSURANCE

Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$1,000,000
Medical Expense	\$10,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$3,000,000
Products – Completed Operations Aggregate	\$3,000,000

Estimated Coverage Part Premium: \$ 3,265.00

GENERAL LIABILITY FORMS

See Schedule of Forms and Endorsements.



MEMORANDUM OF COVERAGE (MOC) GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

This Coverage Form and endorsements provide coverage on an occurrence basis. Please read the entire carefully. In return for the payment of the contribution, and subject to all the terms of this Coverage Form, we agree with you to provide the insurance as stated in this Coverage Form.

Item #1	First Enrolled Named Member:	California Association of Mutual Water Companies Joint Powers Risk and Insurance Management Authority (JPRIMA)
Item #2	Enrolled Named Member:	Reclamation District #900
Item #3	Participation Certificate #:	JPAPKG-00243-01
Item #4	Mailing Address:	Allied Community Insurance Services, LLC 11452 El Camino Real Suite 250 San Diego, CA 92130
Item #5	Coverage Period:	4/1/2019 to 4/1/2020 12:01 A.M. Pacific Standard Time

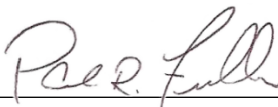
Item #6	Description	Limit
	General Aggregate (Bodily Injury, Property Damage & Medical Expenses)	\$10,000,000
	Products & Completed Operations Aggregate	\$10,000,000
	Personal and Advertising Injury	\$1,000,000
	Each Occurrence	\$1,000,000
	Damage to Premises Rent to You	\$1,000,000 Any One Premises
	Medical Expenses	\$10,000 Any One Person

Item #7	Optional Coverages:	Form / Limit
	Employee Benefit Plans	Occurrence
	Each Employee	N/A
	Aggregate Limit	N/A
	Retroactive Date	N/A
	Hired And Non-Owned Auto Liability	Occurrence
	Aggregate Limit	N/A

Item #8	Deductible:	\$N/A Each Act or Occurrence
Item #9	Contribution:	\$9,291
Item #10	Endorsements:	JPRIMA - 002_MOC_General_Liability_4.1.2016 JPRIMA - 003_MOC_General_Liability_4.1.2016 JPRIMA - 005_MOC_General_Liability_4.1.2016 JPRIMA - 008_MOC_General_Liability_4.1.2016 JPRIMA - 019_MOC_General Liability_1.1.2018



Dam, Reservoir or Levee Structural Failure or Collapse Schedule of Covered Structures		
NPDP ID	Dam, Reservoir or Levee	Location
	Reclamation District #900	California

Authorized Representative:  5/27/2019
(Paul Fuller) **Date**