



# COUNTY OF SAN JOAQUIN

DEPARTMENT OF PUBLIC WORKS  
P.O. BOX 1810-1810 E. HAZELTON AVENUE  
STOCKTON, CALIFORNIA 95201  
(209) 468-3000  
FAX # (209) 468-9324

Permit No: PS-1800114  
Date Issued: 01/16/2018  
Start Date: 02/10/2018  
Exp. Date: 02/11/2018  
Project No: PWP110005  
Quad: NE

## ENCROACHMENT PERMIT

To: FARMINGTON FIRE DEPT.  
P.O. BOX 73  
FARMINGTON, CA 95230

### Encroachment Type:

|                         |  |  |  |
|-------------------------|--|--|--|
| Traffic Control Devices |  |  |  |
|-------------------------|--|--|--|

### Location:

BOTH SIDES OF ESCALON-BELLOTA RD. 1000' NORTH & SOUTH OF HWY 4

In compliance with your request of 01/16/2018, permission is hereby granted to do work in County right-of-way as shown on attached application and subject to all the terms, conditions and restrictions written below or printed as general or special provisions on any part of this form. See reverse side and attached sheet, if any.

Trench excavations for service connections will not be permitted within ten feet (10') of pavement centerline unless otherwise approved by the Director. Surface of trench patches shall match in kind and be smooth and even with that of abutting surface. Special attention shall be given to depth of utilities through roadside area in anticipation of future drainage facilities, road profile and/or frontage development. All underground utility facilities are to be established and accurately dimensioned on sketches from surveyed centerline of road right of way, or from right of way (border) lines.

Permittee shall call the Department of Public Works, Field Engineering Division (Permit Inspections) at (209)953-7421 at least forty-eight hours prior to beginning any work within the County right of way. All work performed under this permit shall conform to the rules and regulations pertaining to safety established by the California Division of Industrial Safety and Cal-OSHA.

The jobsite shall be kept in a safe condition at all times by the daily removal of any excess dirt or debris which might be a hazard to either pedestrian or automobile traffic. All necessary traffic convenience and warning devices and personnel shall be provided, placed and maintained by and at the sole expense of the Permittee in accordance with the latest edition of the CALTRANS Manual of Traffic Control.

After completion of the work permitted herein, all debris, lumber, barricades, or any excess material shall be removed and the jobsite left in a neat workmanlike manner. Immediately following completion of construction permitted herein, Permittee shall fill out and mail notice of completion (see attached post card) provided by Grantor.

### Special Comments:

Traffic Control per MUTCD\*\*\*\*Farmington Boot Drive from February 10, 2018 thru February 11, 2018\*\*\*\*

### FORMS:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Est. Permit Fee: \$0.00

WHITE -Permittee  
GOLDENROD -PWD Central File  
YELLOW -Field Inspection  
PINK -Permit Section

KRIS BALAJI, Director  
Department of Public Works

By:



Permit Section

## ENCROACHMENT PERMIT GENERAL PROVISIONS

13-1

1. This permit is issued under and subject to all laws and ordinances of agencies governing the encroachment herein permitted. See the following references:  
STREETS AND HIGHWAYS CODE
  1. Division 1, Chapter 3
  2. Division 2, Chapter 2, Section 942
  3. Division 2, Chapter 4, Section 1126
  4. Division 2, Chapter 5.5 and Chapter 6

SAN JOAQUIN COUNTY ORDINANCES NUMBERED: 324, 441, 648, 662, 672, 695, 700, 860, 892, 3359, and 3675.

2. It is understood and agreed by the Permittee that the performance of any work under this permit shall constitute an acceptance of all the provisions contained herein and failure on the Permittee's part to comply with any provision will be cause for revocation of this permit. Except as otherwise provided for public agencies and franchise holders, this permit is revocable on five days notice.
3. All work shall be done subject to the supervision of and the satisfaction of the grantor. The Permittee shall at all times during the progress of the work keep the County Highway in as neat and clean condition as is possible and upon completion of the work authorized herein, shall leave the County Highway in a thoroughly neat, clean and usable condition.
4. The Permittee also agrees by the acceptance of this permit to properly maintain any encroachment structure placed by the Permittee on any part of the County Highway and to immediately repair any damage to any portion of the highway, which occurs as a result of the maintenance of the said encroachment structure, until such time as the Permittee may be relieved of the responsibility for such maintenance by the County of San Joaquin.
5. The Permittee also agrees by the acceptance of this permit to make, at its own expense, such repairs as may be deemed necessary by the County Department of Public Works.
6. It is further agreed by the Permittee that whenever construction, reconstruction or maintenance work upon the highway is necessary, the installation provided for herein shall, upon request of the County Department of Public Works, be immediately moved or removed by and at the sole expense of the Permittee.
7. No material used for fill or backfill in the construction of the encroachment shall be borrowed or taken from within the County right of way.
8. All work shall be planned and carried out with as little inconvenience as possible to the traveling public. No material shall be stacked within eight feet (8') of the edge of the pavement or traveled way unless otherwise provided herein. Adequate provision shall be made for the protection of the traveling public. Traffic control standards shall be utilized including barricades; approved signs and lights; and flagmen, as required by the particular work in progress.
9. The Permittee, by the acceptance of this permit, shall assume full responsibility for all liability for personal injury or damage to property which may arise out of the work herein permitted or which may arise out of the failure of the part of the Permittee to properly perform the work provided under this permit. In the event any claim of such liability is made against the County of San Joaquin or any department, official or employee thereof, the Permittee shall defend, indemnify, and hold each of them harmless for such claim.
10. All backfill material is to be moistened as necessary and thoroughly compacted with mechanical means. If required by the County Director of Public Works, such backfill shall consist of gravel or crushed rock. The Permittee shall maintain the surface over structures placed hereunder as may be necessary to insure the return of the roadway to a completely stable condition and until relieved of such responsibility by the County Department of Public Works. Wherever a gravel, crushed rock or asphalt surface is removed or damaged in the course of work related to the permitted encroachment, such material shall either be separately stored and replaced in the roadway as nearly as possible in its original state or shall be replaced in kind, and the roadway shall be left in at least as good a condition as it was before the commencement of operations of placing the encroachment structure.
11. Whenever it becomes necessary to secure permission from abutting property owners for the proposed work, such authority must be secured by the Permittee prior to starting work.
12. The current and future safety and convenience of the traveling public shall be given every consideration in the location and methods of construction utilized.
13. The Permittee is responsible for the preservation of survey monuments located within the area of work herein permitted. Prior to the start of construction, survey monuments that potentially may be disturbed shall be located and referenced by a Licensed Land Surveyor, and a Corner Record filed with the County Surveyor. Any Survey Monuments disturbed during the course of construction shall be reestablished by a Licensed Land Surveyor and another Corner Record filed with the County Surveyor. (Land Surveyors' Act Section 8771)
14. Prior to any excavation, the Permittee shall notify USA North (Underground Service Alert of Northern California and Nevada) at 811 or 800-227-2600 forty-eight (48) hours in advance.

# APPLICATION FOR ENCROACHMENT PERMIT

## PLEASE PRINT:

Date 1-10-2018

To: San Joaquin County  
Department of Public Works

CONNIE BAILEY  
(Applicant Name)

PO BOX 73  
(Mailing Address)

FARMINGTON, CA. 95230  
(City, State, Zip Code)

209-886-5321  
(Area Code - Telephone Number)

(Email Address)

## OFFICE USE ONLY

JOB # 110005 REF # \_\_\_\_\_  
APN \_\_\_\_\_ CR # \_\_\_\_\_  
EXP. DATE 2/11/18  
VALID 2/10/18 TO 2/11/18 DRIVEWAYS: \_\_\_\_\_  
STREET Escalon-Bellota Rd. \* \_\_\_\_\_  
AREA Farmington QUAD NE \* \_\_\_\_\_  
TYPE TRAFFIC CONTROL DEVICES \* \_\_\_\_\_  
FORMS \_\_\_\_\_  
NOTES \_\_\_\_\_

\* "FILL THE BOOT FOR BURNS" DRIVE \*  
\* FEB 10TH & 11TH, 2018 \*

Sketch (Detailed plans may be submitted)

SEE ATTACHED

The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on County Highway Right-of-Way on the BOTH side of ESCALON-BELLOTA RD approximately 1000 (feet/mile) of \_\_\_\_\_, by performing the following work (description of work):

SEE ATTACHED

"FILL THE BOOT FOR BURNS" FUND RAISER

Work will commence on or after 02/10/2018 - 02/11/2018 for approximately 5-6 Hrs (2 days) days.

I, the undersigned, certify that I am the owner of the respective property, or am qualified to represent the owner and agree to do the work described above in accordance with the rules and regulations of San Joaquin County and subject to inspection and approval.

Connie Bailey  
Signature of Applicant Title

Fire Chief

1-10-2018  
Date

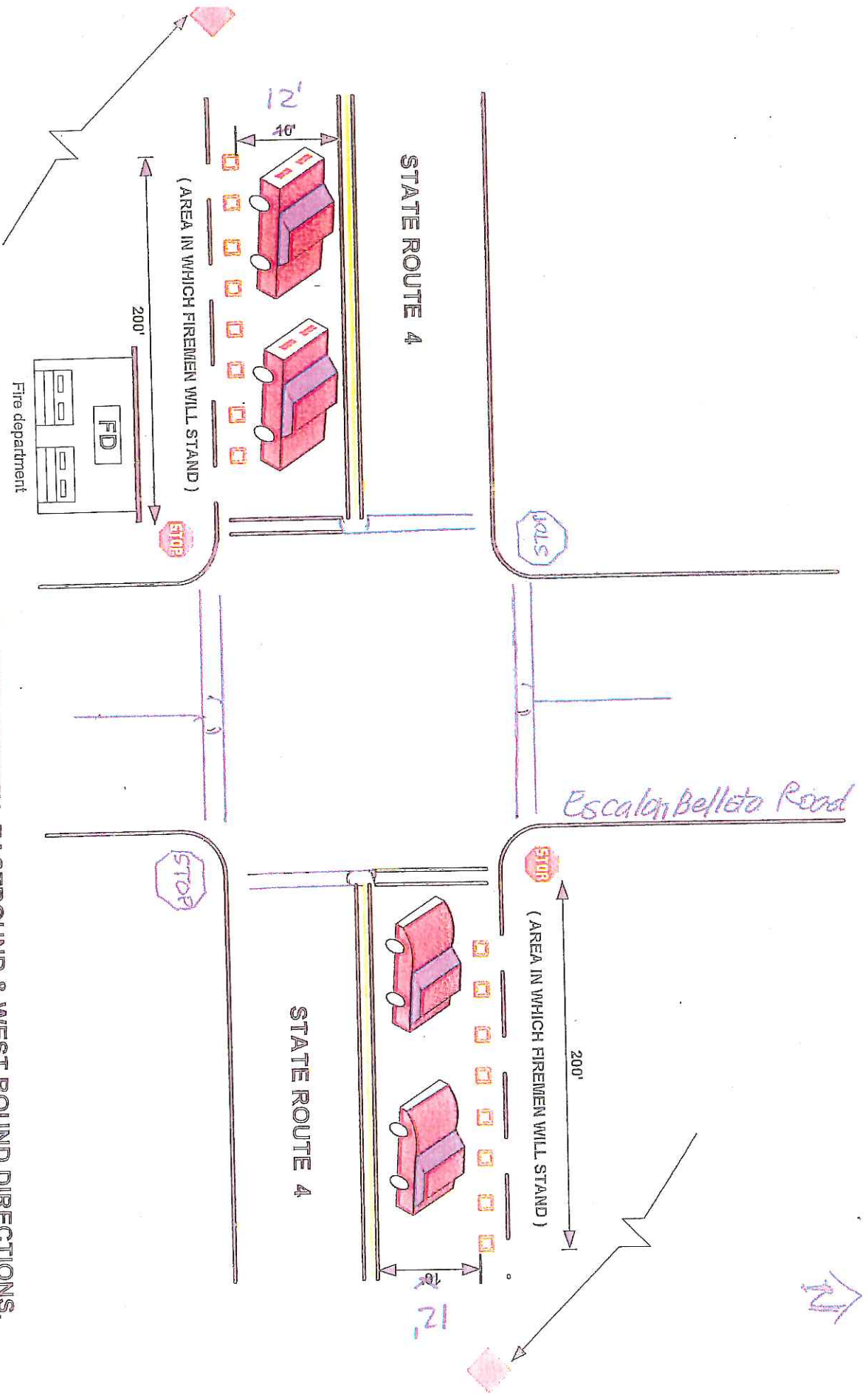
APPLICATION FOR ENCROACHMENT PERMIT  
SAN JOAQUIN COUNTY

STATEMENT OF ACTIVITY

Placement of signs and safety cones will be upon Escalon-Bellota Road right-of-way within 1,000 feet north and south of State Highway 4. The signs will say "SHOULDER WORK AHEAD" notifying the traveling public of an activity adjacent to the Farmington Fire Station located at the southwest corner of State Highway 4 and Escalon-Bellota Road. The safety cones will be supplemented near the signs to separate the traveling public from activities on the shoulder. To enhance awareness of pedestrians near the crosswalks, a cone will be placed at the center line of Hwy 4 on the approach bar of the crosswalks. Sign installment will be per MUTCD standards. Fire staff will wear high reflective vests and/or turnout coats to enhance visibility near the intersection.

WE WILL PLACE A "SHOULDER WORK AHEAD" SIGN IN BOTH, EASTBOUND & WEST BOUND DIRECTIONS,  
APPROXIMATELY 500' PRIOR TO THE INTERSECTION

1000'





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                 |  |                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>All-Cal Insurance Agency<br>505 Vernon Street<br><br>Roseville CA 95678      |  | <b>CONTACT NAME:</b> Mike Esparza<br><b>PHONE (A/C, No, Ext):</b> (916) 784-9070<br><b>FAX (A/C, No):</b> (916) 784-0158<br><b>E-MAIL ADDRESS:</b> Mike@all-calinsurance.com                                    |  |
| <b>INSURED</b><br>Firefighters Burn Institute<br>3101 Stockton Blvd.<br><br>Sacramento CA 95620 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Nonprofits' Insurance Alliance of California<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

## COVERAGES

CERTIFICATE NUMBER: CL181406876

REVISION NUMBER:

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.

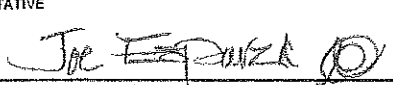
| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                            | ADDITIONAL INSURED              | SUBROGATION | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|----------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y                               |             | 2018-14425NPO  | 01/01/2018              | 01/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>Improper Sexual Conduct \$ 250,000 |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                    | N                               |             |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                                 |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                                            | Y                               |             | 2018-14425UMB  | 01/01/2018              | 01/01/2019              | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000                                                                                                                                                                                                                          |
|          | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                   | Y/N<br><input type="checkbox"/> | N/A         |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                |
| A        | Employee Dishonesty<br>Forgery & Alteration                                                                                                                                                                                                                                                                                                  |                                 |             | 2018-14425PROP | 01/01/2018              | 01/01/2019              | Limits 100,000<br>Deductible 250.00                                                                                                                                                                                                                                             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

San Joaquin County, its officers, agents, officials, employees and volunteers are named additional insured for "Fill the boot for burns" boot drive February 10-11, 2018. Form CG 20 26 applies

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                      |                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| San Joaquin County<br>1810 E. Hazelton Ave.<br><br>Stockton CA 95210 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/11/2018

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|                                                                                                 |  |                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>All-Cal Insurance Agency<br>505 Vernon Street<br><br>Roseville CA 95678      |  | <b>CONTACT NAME:</b> Mike Esparza<br><b>PHONE (A/C, No, Ext):</b> (916) 784-9070<br><b>FAX (A/C, No):</b> (916) 784-0158<br><b>E-MAIL ADDRESS:</b> Mike@all-calinsurance.com                                   |  |
| <b>INSURED</b><br>Firefighters Burn Institute<br>3101 Stockton Blvd.<br><br>Sacramento CA 95820 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Nonprofits Insurance Alliance of California<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                 |  | <b>NAIC #</b><br>011845                                                                                                                                                                                        |  |

**COVERAGES****CERTIFICATE NUMBER:** CL181406876**REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                   | ADDL SUBR INSD | WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|----------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y              |     | 2018-14425NPO  | 01/01/2018              | 01/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>Improper Sexual Conduct \$ 250,000 |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                 |                |     |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                           |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                      |                |     |                |                         |                         | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$                                                                                                                                                                                                                    |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              |                |     |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                |
| A        | Employee Dishonesty<br>Forgery & Alteration                                                                                                                                                                                                                                                                         |                |     | 2018-14426PROP | 01/01/2018              | 01/01/2019              | Limits 100,000<br>Deductible 250.00                                                                                                                                                                                                                                             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Framington Fire Department, The State of California Department of Transportation and San Joaquin Department of Public Works, their officers, agents, officials, employees and volunteers are named additional insured for the "Fill The Boot For Burns" Boot drive. February 10-11, 2018. Form CG 20 26 applies

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Framington Fire Department<br>P.O. BOX 73<br><br>Framington CA 95230 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                      | AUTHORIZED REPRESENTATIVE<br>                                                                                                                                  |

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