

CITY OF LOYALTON

COUNTY OF SIERRA
605 SCHOOL STREET
P.O. BOX 128
LOYALTON, CALIFORNIA 96118
(530) 993-6750
cityofloyalton@digitalpath.net



OFFICE OF THE MAYOR

AGENDA FOR THE SPECIAL MEETING OF THE LOYALTON CITY COUNCIL 6:00 P.M. – LOYALTON SOCIAL HALL 105 BECKWITH STREET OCTOBER 27, 2017 LOYALTON, CA.

**NEXT ORDINANCE #419
NEXT RESOLUTION #3-2017**

CALL TO ORDER:

PLEDGE OF ALLEGIANCE

ROLL CALL:

APPROVAL OF AGENDA:

ANNOUNCEMENTS:

PUBLIC COMMENT:

A special meeting is being held to conduct the following business:

DISCUSSION AND POSSIBLE ACTION:

1. Discussion and Possible action regarding the \$1.00 fee for Abandoned Vehicles. (Submitted by Mayor Marin)
2. Discussion and possible action regarding Feather River Archery Club to rent the old Pool Building. (Submitted by Mayor Marin)
3. Discussion and possible action regarding adding Tracy Smith onto the bank accounts for Signatures and Information. (Submitted by N. Rogers)

4. Discussion and Possible Action regarding Dave Roberti's proposal to a joint venture with the city and the Golden West for Propane to the city buildings and the Golden West. (Submitted by M. Marin)

5. Discussion and Possible action regarding Adoption of Resolution 5-2017 Terminating Lease Agreement and Ratifying the Sale of Real Property. (Submitted by M. Marin)

6. Discussion and Possible Action regarding Sierra County Fire Protection District Number 1 to annex territory in eastern Sierra County, including Sierra Brooks.

ADJOURNMENT

**LOYALTON CITY COUNCIL
COUNTY OF SIERRA
STATE OF CALIFORNIA**

Resolution No. 5 -2017

RESOLUTION TERMINATING LEASE AGREEMENT AND RATIFYING THE SALE OF REAL PROPERTY

WHEREAS, on May 7, 1981 the City of Loyalton (City) entered into a 40-year ground lease agreement, Agreement No. 1981-016, with the County of Sierra (County) to allow for the construction and use of a building at 202 Front Street, Loyalton California (property), and

WHEREAS, the lease agreement was amended on November 21, 1989 to allow for an addition to the original building housed on the property, and

WHEREAS, the City Council has approved a sale of the property for the sum of \$27,500 and the County has agreed to the sale price and has caused a property description to be created for the parcel, and

WHEREAS, the Board of Supervisors for the County has approved the purchase of 202 Front Street, Loyalton California, the County now desires to terminate the existing lease agreement for the property and to record a grant deed of ownership in the name of County for said property.

NOW THEREFORE BE IT RESOLVED, that, the City Council approves the sale of the parcel commonly known as 202 Front Street, Loyalton California in the amount of \$27,500, agrees to pay half of the closing costs associated with the sale of said property, authorizes the Mayor of the City of Loyalton to execute a grant deed transferring the interest of said property to the County, and terminates the existing lease agreement for said property effective immediately upon the recordation of a grant deed for the benefit of County.

BE IT FURTHER RESOLVED that the Mayor is authorized to sign any and all documents necessary to transfer the property to County.

ADOPTED by the City Council of the City of Loyalton, County of Sierra, State of California on the ____ day of _____, 2017, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

CITY OF LOYALTON

MARK MARIN, Mayor

Attest: _____
Kate Graves , City Clerk



RIDDLE INSURANCE

245 South Main
Street
P.O. Box 549
Madisonville, KY 42431-0011

Phone: 270-821-3122
Fax: 270-825-3844
www.riddleins.com

IMPORTANT NOTICE

Re: International Bowhunting Organization
American Resources Insurance Company
General Liability Company
Expiring 2/1/2018

Dear IBO Member:

We are enclosing a certificate of insurance form to show your coverage in the IBO insurance program. If you have any additional insureds designated on your application, we are also enclosing the certificate of insurance for them. You need to deliver the certificate to the appropriate persons for their records.

IMPORTANT NOTICE

In the past, there has been some problems due to trees or limbs being too close to power lines. Please check your property regularly for any of issues that could cause power outage or fire. If you find you have trees or limbs that are too close to the power lines, please contact your electric provider to have these trimmed.

If you have any questions, please contact Ches Riddle Jr at 270-821-3122 or chesjr@riddleins.com.

Sincerely,

RIDDLE INSURANCE

Ches Riddle, Jr., Agent



RIDDLE INSURANCE

245 South Main Street
P.O. Box 549
Madisonville, KY 42431-0011

Phone: 270-821-3122
Fax: 270-825-3844
www.riddleins.com

2/1/2017

RE: American Resources Insurance Co Inc - GLB01391

Dear IBO Club:

It has been brought to our attention that there has been a ruling in Federal Court and upheld by the Court of Appeals that effects the personal liability of individual members of a club. Basically, if a club member is on club property and not participating in a club function and causes bodily injury or property damage to someone or something that individual would be liable for their defense cost and any judgments. In the case the individual has purchased a home owner's policy, the insuring company would provide for those incurred expenses. Since the courts have set this precedence, American Resources will be bound by their ruling.

If an individual is on club property and working on behalf of the club, the suit would name the individual and the club as defendant. In this case, American Resources will provide coverage and defend the suit until negligence is proven. If the club and individual are both deemed liable, the club insurance will pay those incurred cost. If the individual is deemed 100% liable and the club has no responsibility, the individual would be responsible for future defense costs and judgments. Again, these payments should be provided by your individual home owner's policy.

Below is the information we received from American Resources regarding this case:

This case was decided in federal court and upheld by the Court of Appeals. That is as high as it gets except for the Supreme Court. Short version of the story is that Johnson was hunting on club property when a stray pellet (must have been a shotgun), struck Marks, who was driving on a road 75 yards away. The insurance company (Scottsdale) provided GL coverage for the club and had the members as additional insureds under a CG 20 02 form, which is the same one we use. The court ruled that Mr. Johnson was not covered individually under the Scottsdale policy for this accident. The additional insured wording states that members are covered only while operating on behalf of the club. The hunting activity was done on club property, but was an individual activity, not one done on behalf of the club. I realize we have an exclusion on the IBO policy for hunting activities, but this same reasoning applies to shoots, practice, etc. We will always provide coverage for the IBO as an organization and to member clubs, if the club itself is named. But, we do not automatically cover the members individually for their own negligence. In this lawsuit, most probably Mr. Johnson's homeowner's policy had to provide the coverage, assuming he had one. The homeowners probably had lower limits than the club's policy. I would bet that most club members think they have automatic coverage under the club's policy.

In the case of an incident, we recommend the club turn in a claim and the individual also turn in a claim to their home owner's policy.

Sincerely,

RIDDLE INSURANCE



RIDDLE INSURANCE

245 South Main
Street
P.O. Box 549
Madisonville, KY 42431-0011

Phone: 270-821-3122
Fax: 270-825-3844
www.riddleins.com

Re: International Bowhunting Organization
American Resources Insurance Company
General Liability Company
Expiring 2/1/2018

Dear IBO Member:

Depending on State laws, by obtaining the following waiver from participants, could mitigate or completely dissolve you of a general liability claim that occurs at your property or at your event. We recommend that you use this waiver to protect yourself and the IBO. If possible, at the bottom of your shoot or event registration form or your membership form, please insure the following before the signature line. If the member or participant is a minor, please have a guardian sign the waiver.

ASSUMPTION OF RISK: I, the undersigned, do hereby release IBO, (_____),
club, proshop, range name
and all personnel, from losses, damages, or personal injuries incurred by myself while participating and/or viewing an IBO or other archery sanctioned event. I fully understand and acknowledge that archery tournaments, as other outdoor activities, involve certain inherent risks, and I attend and/or participate in this even with full knowledge of those risks.

Sign _____

If you have any questions, please contact Ches Riddle Jr at 270-821-3122 or chesjr@riddleins.com.

Sincerely,

RIDDLE INSURANCE

Ches Riddle, Jr., Agent

J Craig Riddle Company
NOTICE OF PRIVACY PRACTICES
(As of 5-1-07)

In compliance with certain applicable laws, Title V of the Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA), J Craig Riddle Company (RIDDLE) has adopted these policies.

RIDDLE acknowledges the seriousness and sensitivity of privacy issues, and has adopted these policies to ensure your privacy rights are protected.

THIS NOTICE DESCRIBES HOW NONPUBLIC PERSONAL FINANCIAL INFORMATION (NRFI) AND PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. IN THIS NOTICE, WE EXPLAIN HOW WE PROTECT THE PRIVACY OF YOUR PHI AND NRFI, AND HOW WE WILL ALLOW IT TO BE USED AND GIVEN OUT ("DISCLOSED"). WE ARE REQUIRED TO PROVIDE YOU WITH A COPY OF THIS NOTICE OF PRIVACY PRACTICES UPON REQUEST. WE MUST FOLLOW THE PRIVACY PRACTICES DESCRIBED IN THIS NOTICE WHILE IT IS IN EFFECT.

Our Commitment Regarding Your Confidential Information

We respect your privacy and reaffirm our commitment to protecting your Nonpublic Personal Financial Information (NRFI) and Protected Health Information (PHI), hereafter known as "confidential information". We follow strict policies (in accordance with state and federal privacy laws) to keep your information private.

Our Privacy Practices:

- We do not sell customer confidential information.
- We do not provide customer confidential information to persons or organizations outside RIDDLE and our Business Associates for marketing purposes.
- We contractually require any person or organization providing products or services on our behalf to protect the confidentiality of information we obtain from you.
- We afford prospective and former customers the same protections as existing customers with the respect to the use of confidential information.

Your privacy is a high priority for us and it is treated with the highest degree of respect. We collect and use confidential information we believe is necessary to administer our business and to provide you with customer service. We use confidential information to underwrite your policies, process your claims, ensure proper billing, and service your accounts. We share confidential information as necessary to handle your claims and to protect you against fraud and unauthorized transactions. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with law. All individuals with access to confidential information about our customers are required to follow this policy.

Confidential Information Collected:

- Confidential information including your name, address, date of birth, marital status, sex, social security number, medical information, financial information, and other information contained on applications, claims and benefit forms.
- Confidential information we receive from a consumer reporting agency, medical information bureau, State Motor Vehicle Department, claims reports or property inspection reports.
- Confidential information received directly from you and those you have authorized to provide information to us.

Information Disclosed:

- We may provide confidential information to you in order to supply you with information about your coverage, or if you request to inspect your confidential information.
- We may provide your confidential information to health care providers and to our business associates who request confidential information for payment-related activities and for health care operations.
- We may provide your confidential information to someone who has the legal right to act on your behalf.
- We may provide confidential information to government agencies and financial institutions to whom you are required to show proof of insurance coverage.
- We may share confidential information with our affiliated companies, unless you ask us not to within 30 days of receiving this notice.
- We may share certain information protected by the Fair Credit Reporting Act with our affiliates, unless you ask us not to within 30 days of receiving this notice.

- We may provide confidential information to the extent necessary to comply with laws related to workers' compensation or similar programs.
- We may provide confidential information without your written permission for matters in the public interest such as public health and safety activities or averting a serious threat to the health or safety of others.
- We may provide confidential information that we collect to third-parties involved in the underwriting, processing, servicing and marketing of your RIDDLE insurance products. We will not provide this information to any other third party for purposes other than set forth above unless we have a written agreement that requires such third party to protect the confidentiality of this information or your written authorization.
- The law or the courts may require us to provide confidential information to persons or agencies involved in regulatory, enforcement, or civil or criminal judicial activities.
- We do not disclose any confidential information about our customers to anyone except as permitted or required by law.

Security of Your Confidential Information:

- Access of your confidential information is available from us only to persons involved in underwriting, processing information, marketing company products, or providing medical care for your benefit.
- We maintain physical, electronic, and procedural safeguards that comply with state and federal standards to guard your confidential information.
- If we become aware that an item of confidential information may be materially inaccurate, we will make a reasonable effort to re-verify its accuracy and correct any error as appropriate.

Individual Rights:

- You have a right to learn about the nature and substance of any confidential information RIDDLE has in its files about you. We reserve the right to charge a reasonable cost-based fee for copying and postage.
- You have the right to an accounting of certain disclosures of your confidential information.
- You have the right to request we place restrictions on the way we use and disclose your confidential information.
- You have a right to inspect your confidential information and request that we amend it in your files.
- We communicate decisions related to payment and benefits, which may contain confidential information, to your insurer. Individuals who believe this practice may endanger them may request that we communicate with them using a reasonable alternative means or location.

Duties:

- RIDDLE is required to abide by the terms of this Notice, and reserves the right to change the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your confidential information regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.
- Where multiple state or federal laws protect the privacy of your confidential information, we will follow the requirements that provide the greatest privacy protection

Further Information:

If you need more information about our privacy policy, or are concerned that we may have violated your privacy rights, please contact:

Privacy Officer
245 South Main Street
P O Box 549
Madisonville, KY 42431
Phone (270) 821-3122 FAX (270) 825-3844

You may also submit a written complaint to:

Office for Civil Rights
U.S. Department of Health & Human Services
61 Forsyth Street, SW. - Suite 3B70
Atlanta, GA 30323
(404) 562-7886; (404) 331-2867 (TDD), (404) 562-7881 FAX

We support your right to protect the privacy of your confidential information. We will not take action against you if you file a complaint with us or the U.S. Department of Health and Human Services.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2017

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).

PRODUCER Riddle Insurance 245 South Main Street Madisonville, KY 42431-2557		CONTACT NAME: Terri Rose	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS: terri@riddleins.com	
INSURER(S) AFFORDING COVERAGE			
		INSURER A: American Resources Insurance Co Inc	NAIC # 41300
INSURED International Bowhunting Organization P O Box 398 Vermilion, OH 44089		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: each sched club, range or prosh		X	GLB01391	02/01/2017	02/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA OCCURRENCE)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (mandatory in N/A)		N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is agreed and understood that the certificate holder is named as additional insured, but only as respects to its liability arising out of the activities of the named insured and/or additional insured.

#047 (LANDOWNER) EFT 2-1-2017; REF: FEATHER RIVER ARCHERY CLUB - CA

CERTIFICATE HOLDER

CA FISH & GAME NORTH CENTRAL
P O BOX 238
Graeagle, CA 96103

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2017

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).

PRODUCER Riddle Insurance 245 South Main Street Madisonville, KY 42431-2557	CONTACT NAME: Terri Rose	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: terri@riddleins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Resources Insurance Co Inc		41300
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		


COVERAGES	CERTIFICATE NUMBER:	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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: each sched club, range or prosh	X		GLB01391	02/01/2017	02/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is agreed and understood that the certificate holder is named as additional insured, but only as respects to its liability arising out of the activities of the named insured and/or additional insured.

#047 (LANDOWNER) EFT 2-1-2017; REF: FEATHER RIVER ARCHERY CLUB - CA

CERTIFICATE HOLDER Sierra Pacific Industries, Sierra Pacific Company & all related entities Insurance Administrator; Forestry Division P O Box 469014 Redding, CA 96049	CANCELLATION 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 
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2017

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).

PRODUCER Riddle Insurance 245 South Main Street Madisonville, KY 42431-2557	CONTACT NAME: Terri Rose PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: terri@riddleins.com
	INSURER(S) AFFORDING COVERAGE INSURER A: American Resources Insurance Co Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED International Bowhunting Organization P O Box 398 Vermilion, OH 44089	

COVERAGES **CERTIFICATE NUMBER:** **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: each sched club, range or prosh	X		GLB01391	02/01/2017	02/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is agreed and understood that the certificate holder is named as additional insured, but only as respects to its liability arising out of the activities of the named insured and/or additional insured.

#047 (LANDOWNER) EFT 2-1-2017; REF: FEATHER RIVER ARCHERY CLUB - CA

CERTIFICATE HOLDER

CANCELLATION

SIERRA VALLEY RESOURCE CONSERVATION DISTRICT BILL NUNES P O BOX Calpine, CA 96124	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 
--	---

Membership Certificate

Issued to

Feather River Archery Club #300893

A Member In Good Standing

of the

International Bowhunting Organization

From February 7, 2017 to February 7, 2018



Feather River Archery Club

P.O. Box 1080

Loyalton, CA 96118

EIN# 20-02-47564

The Feather River Archery Club would like to thank you for your donations to our yearly raffle and fundraiser. The raffle supports our club in many different ways such as the purchase of new targets for indoor and outdoor shooting; it pays for lease on our indoor shooting range and the purchase our permanent outdoor range. It also provides money for our youth group. Your contribution is much appreciated.

Venders name: _____

Venders Address: _____

Venders Phone #: _____

Donation: _____

Donation Cost: _____

Club member receiving donation: _____

Thank you,

Jim smith

Club President



Questions?

Call 1-530-913-6897