

ACORD.	CERTIFICATE OF INSURANCE						ISSUE DATE:						
PRODUCER:						THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.							
						COMPANIES AFFORDING COVERAGE							
						COMPANY LETTER A							
						COMPANY LETTER B							
INSURED:						COMPANY LETTER C							
						COMPANY LETTER D							
COVERAGE AND LIMITS													
<p>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.</p>													
CO. LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS					
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input type="checkbox"/>	Y					GENERAL AGGREGATE PROD-COMP/OP AGG PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	\$2,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$ 100,000 \$ 5,000					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON -OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>										COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$ \$ \$ \$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/>										EACH OCCURRENCE AGGREGATE	\$ \$	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIORTOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.						N/A	Y				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE	\$1,000,000 \$1,000,000 \$1,000,000
	OTHER INSURANCE												
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:												
<p>Above policies have been endorsed to name as additional insured: City and County of San Francisco, Its Officers, Employees and Agents. Worker's Compensation includes a Waiver of Subrogation in favor of the City & County of San Francisco, Its Officers, Employees and Agents.</p>													
NAME AND ADDRESS OF CERTIFICATE HOLDER:				CANCELLATION:									
San Francisco Public Works - Permits 49 South Van Ness Avenue, Suite 300 San Francisco, CA 94103				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.									
				AUTHORIZED REPRESENTATIVE:									

Accessible Meeting Information
City Hall, #1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102



Hearing will be held at City Hall, #1 Dr. Carlton B. Goodlett Place. Accessible seating for persons with disabilities, including those using wheelchairs will be available.

The closest accessible BART Station is Civic Center, located at the intersection of Market and 8th Streets, three blocks from City Hall. Accessible MUNI lines serving this location are the 10 Downtown Loop, the 71 Haight/Noriega, the F-Line to Market Street and Van Ness Avenue, and the Metro Stations at Van Ness Avenue and Market Street and Civic Center. For more information about MUNI accessible services, call 923-6142.

Accessible curbside parking has been designated in the vicinity of the Veterans Building adjacent to Davies Hall and the War Memorial Veterans Building.



Minutes of the meeting are available in alternative formats. If you require the use of a reader during the meeting. American Sign Language interpreters, and/or a sound enhancement system, please call DPW's Accessibility Access Coordinator at 557-4685 at least 72 hours prior to the hearing.



Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at 557-4685 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public, Commissions, Boards, Councils, and other agencies of the City and County exists to conduct the people's business. This ordinance assures that deliberations are conducted before the people and the City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Donna Hall, Sunshine Ordinance Task Force, City Hall room 409, 1 Dr. Carlton Goodlett Place, San Francisco, CA 94102-4683 or phone (415) 554-7724, Fax (415) 554-7854 or E-mail Donna_Hall@ci.sf.ca.us

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the Ethics Commission at 30 Van Ness Avenue, Suite 3900 San Francisco, CA 94102, telephone (415) 581-2300; fax (415) 581-2317 or web site: sfgov.org/ethics.