

**ACORD.****CERTIFICATE OF INSURANCE**

ISSUE DATE:

PRODUCER:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 ACOMPANY  
LETTER B

INSURED:

COMPANY  
LETTER CCOMPANY  
LETTER D**COVERAGES AND LIMITS**

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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMM. GENERAL LIAB.				PROD-COMP/OP AGG.	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE				PERS & ADV. INJURY	\$1,000,000
	<input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACT'S PROT				FIRE DAMAGE (One Fire)	\$ 100,000
					MEDICAL EXPENSE (One Per)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				<input type="checkbox"/> STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT	\$
	<input type="checkbox"/> INCL.				DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> EXCL.				DISEASE - EACH EMPLOYEE	\$
	OTHER INSURANCE					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:**

Above policies have been endorsed to name as additional insured: City and County of San Francisco, Its Officers, Employees and Agents.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

Bureau of Street-Use & Mapping  
1155 Market Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103-0942

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE:

ACORD 25-6 (3/93)

®ACORD CORPORATION 1993

# 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](mailto: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](http://sfgov.org/ethics).

*"IMPROVING THE QUALITY OF LIFE IN SAN FRANCISCO"*

*We are dedicated individuals committed to teamwork, customer service and continuous improvement in partnership with the community.*

Customer Service

Teamwork

Continuous Improvement