

# County of Santa Barbara

**Mona Miyasato**  
*County Executive Officer*



**Greg Milligan**  
*Risk Manager*

## **County Executive Office Risk Management Division**

July 1, 2024

Re: Evidence of General Liability (inclusive of Auto/Professional) Insurance (07/01/24 – 07/01/25)  
Evidence of Workers' Compensation Insurance (07/01/24 – 07/01/25)  
Evidence of Medical Malpractice Insurance (07/01/24 – 07/01/25)  
Evidence of Property Insurance (03/31/24 – 03/31/25)

To Whom It May Concern:

This letter is to certify the County of Santa Barbara is self-insured for any General, Automobile and/or Professional liability losses up to \$750,000 per occurrence. In addition, the County purchases Excess General Liability (inclusive of auto and professional liability coverages).

Other insurance coverages the County purchases, through Public Risk Innovation, Solutions, and Management (PRISM), a joint power authority, are Medical Malpractice coverage with limits in excess of \$5,000,000; Workers' Compensation coverage (statutory limits) and Property insurance that provides coverage for its property and the property of others in the care, custody or control of the County.

Please accept this letter as evidence of insurance coverage. Should you have any questions or need additional information, please do not hesitate to call.

Sincerely,

**Greg Milligan**  
Risk Manager

CERTIFICATE NO.

ISSUE DATE

GL1-6053

CO

**CERTIFICATE OF COVERAGE**

06/28/2024

**Public Risk Innovation,  
Solutions, and Management****C/O ALLIANT INSURANCE SERVICES, INC.  
18100 VON KARMAN AVENUE, 10TH FLOOR  
IRVINE, CA 92612**PHONE (949) 756-0271 / FAX (619) 699-0901  
LICENSE #0C36861

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 BELOW. THIS CERTIFICATE OF COVERAGE 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 and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE  
AFFORDED**A- Public Risk Innovation, Solutions, and Management****Member:**SANTA BARBARA COUNTY  
ATTN: RISK MANAGEMENT  
105 EAST ANAPAMU STREET, SUITE 102  
SANTA BARBARA, CA 93101COVERAGE  
AFFORDED**B**COVERAGE  
AFFORDED**C**COVERAGE  
AFFORDED**D****Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
<b>A</b>	<input checked="" type="checkbox"/> Excess General Liability	PRISM 24 EL-20	07/01/2024	07/01/2025	\$5,000,000  Limits inclusive of the Member's Self-Insured Retention of \$750,000

**Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS EVIDENCE OF COVERAGE ONLY.


**Certificate Holder**FOR THE PURPOSE OF EVIDENCE ONLY  
C/O SANTA BARBARA COUNTY  
ATTN: RISK MANAGEMENT  
105 EAST ANAPAMU, SUITE 102  
SANTA BARBARA, CA 93101**Cancellation**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE



Public Risk Innovation, Solutions, and Management

WC-3063		CERTIFICATE OF COVERAGE		06/28/2024	
<b>PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT</b>  C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612  PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861			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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER		
			IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
			COVERAGE AFFORDED BY: <b>A Public Risk Innovation, Solutions, and Management</b>		
			COVERAGE AFFORDED BY: <b>B</b>		
<b>Member:</b> SANTA BARBARA COUNTY ATTN: RISK MANAGEMENT 105 EAST ANAPAMU STREET, SUITE 102 SANTA BARBARA, CA 93101			COVERAGE AFFORDED BY: <b>C</b>		
			COVERAGE AFFORDED BY: <b>D</b>		
<b>Coverages</b> THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.					
CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	PRISM 24 EWC-16	07/01/2024	07/01/2025	WORKERS' COMPENSATION: Statutory  EMPLOYERS' LIABILITY: \$6,000,000
LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.					
Description of Operations/Locations/Vehicles/Special Items: AS RESPECTS EVIDENCE OF COVERAGE ONLY.					
<b>Certificate Holder</b>  FOR THE PURPOSE OF EVIDENCE ONLY C/O SANTA BARBARA COUNTY 105 EAST ANAPAMU ST, STE 102 SANTA BARBARA, CA 93101			<b>Cancellation</b> SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.		
			AUTHORIZED REPRESENTATIVE   Public Risk Innovation, Solutions, and Management		

**PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT**  
**WORKERS' COMPENSATION PROGRAM**  
**2024/2025 SCHEDULE OF INSURERS**  
**SANTA BARBARA COUNTY**


PROVIDER	POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions, and Management	PRISM 24 PWC-16	Workers' Compensation and Employers Liability: \$125,000 each occurrence
Public Risk Innovation, Solutions, and Management	PRISM 24 EWC-16	Workers' Compensation: \$50,000,000 each occurrence  (Difference between \$50,000,000 and the individual member's retention)  Employers' Liability: \$5,000,000 each accident/each employee for disease  (Difference between \$5,000,000 and the individual member's retention)
Liberty Mutual Fire Insurance Co	EW2-64N-444785-014	Statutory each accident/each employee for disease excess of \$50,000,00


<b>Public Risk Innovation, Solutions, and Management</b> <b>C/O ALLIANT INSURANCE SERVICES, INC.</b> <b>18100 VON KARMAN AVENUE, 10TH FLOOR</b> <b>IRVINE, CA 92612</b>  PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE NO: 0C36861	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 BELOW. THIS CERTIFICATE OF COVERAGE 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 and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).
	COVERAGE AFFORDED BY <b>A- Public Risk Innovation, Solutions, and Management</b>
<b>MEMBER</b> SANTA BARBARA COUNTY ATTN: RISK MANAGEMENT 105 EAST ANAPAMU STREET, SUITE 102 SANTA BARBARA, CA 93101	COVERAGE AFFORDED BY <b>B</b>
	COVERAGE AFFORDED BY <b>C</b>
	COVERAGE AFFORDED BY <b>D</b>

**Coverages**  
THIS IS TO CERTIFY THAT THE MEMORANDUM OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUM DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUM. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
<b>A</b>	Medical Professional Services and Limited General Liability <b>Claims Made</b>	PRISM 24 M2 CM 42	07/01/2024	07/01/2025	\$1,000,000 PER MEDICAL EVENT, EVENT OR OFFENSE EXCESS OF MEMBER'S DEDUCTIBLE  AGGREGATE: NOT APPLICABLE  SUBJECT TO A \$25,000 DEDUCTIBLE PER MEDICAL EVENT, EVENT OR OFFENSE

Description of Operations/Locations/Vehicles/Special Items:  
AS RESPECTS EVIDENCE OF COVERAGE ONLY.

<b>Certificate Holder</b>  FOR THE PURPOSE OF EVIDENCE ONLY C/O SANTA BARBARA COUNTY ATTN: RISK MANAGEMENT 105 EAST ANAPAMU STREET, SUITE 102 SANTA BARBARA, CA 93101	<b>Cancellation</b>  SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.
	AUTHORIZED REPRESENTATIVE   Public Risk Innovation, Solutions, and Management

CERTIFICATE NUMBER PROP-6792		<b>EVIDENCE OF PROPERTY COVERAGE</b>		ISSUE DATE 03/27/2024	
THIS EVIDENCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS EVIDENCE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND ADDITIONAL INTEREST.					
<b>Public Risk Innovation, Solutions, and Management</b>  C/O ALLIANT INSURANCE SERVICES, INC. 18100 VON KARMAN AVENUE, 10TH FLOOR IRVINE, CA 92612  PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861		COVERAGE AFFORDED <b>A - Public Risk Innovation, Solutions, and Management</b> BY:			
		COVERAGE AFFORDED <b>B -</b> BY:			
<b>MEMBER</b>  SANTA BARBARA COUNTY ATTN: RISK MANAGEMENT 105 EAST ANAPAMU STREET, SUITE 102 SANTA BARBARA, CA 93101		TOWER NUMBER II		MEMORANDUM NUMBER PRISMPR 24-25	
		EFFECTIVE DATE 03/31/2024		EXPIRATION DATE 03/31/2025	
		CONT. UNTIL TERMINATED IF CHECKED <input type="checkbox"/>			
THIS REPLACES PRIOR EVIDENCE:					
<b>PROPERTY INFORMATION</b> LOCATION / DESCRIPTION AS RESPECTS EVIDENCE OF COVERAGE ONLY.					
THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED ABOVE HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
<b>COVERAGE INFORMATION</b>					
COVERAGE / PERILS / FORMS		AMOUNT OF INSURANCE			
ALL RISK OF DIRECT PHYSICAL LOSS OR DAMAGE, INCLUDING FLOOD.		\$25,000,000 PER OCC FOR ALL RISK AND			
EARTHQUAKE IS EXCLUDED. EARTHQUAKE LIMIT IS NOT APPLICABLE.		\$25,000,000 ANN AGG FOR FLOOD			
REPAIR OR REPLACEMENT COST VALUATION SUBJECT TO MEMORANDUM OF COVERAGE PROVISIONS.		\$25,000,000 PER OCC/ANN AGG FOR EARTHQUAKE			
VEHICLE/BUSES ARE SUBJECT TO ACTUAL CASH VALUE OR REPLACEMENT COST PER SCHEDULE ON FILE WITH PRISM.					
ALL LIMITS ARE SHARED.					
<b>REMARKS (INCLUDING SPECIAL CONDITIONS)</b>					
<b>DEDUCTIBLES:</b>					
ALL RISK OF DIRECT PHYSICAL LOSS OR DAMAGE (EXCLUDING FLOOD AND EARTHQUAKE): \$50,000 PER OCCURRENCE AS PER SCHEDULE ON FILE WITH PRISM.					
FLOOD: \$50,000 EXCEPT FOR CRITICAL FLOOD (LOCATIONS IN FEMA FLOOD ZONE A OR V) DEDUCTIBLE IS \$100,000.					
VEHICLES & MOBILE EQUIPMENT: IF COVERAGE IS SCHEDULED AND PURCHASED, DEDUCTIBLE APPLIES PER SCHEDULE ON FILE WITH PRISM.					
<b>CANCELLATION</b>					
SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUM(S) OF COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUM(S) OF COVERAGE PROVISIONS.					
<b>ADDITIONAL INTEREST</b>					
NAME AND ADDRESS  FOR THE PURPOSE OF EVIDENCE ONLY C/O SANTA BARBARA COUNTY 105 E. ANAPAMU ST., SUITE 102 SANTA BARBARA, CA 93101		NATURE OF INTEREST			
		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> (OTHER) EVIDENCE ONLY			
		AUTHORIZED REPRESENTATIVE   Public Risk Innovation, Solutions, and Management			