



CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

INSTRUCTIONS FOR PREPARING CERTIFICATES OF COVERAGE ON FORMS A, B1 AND B2

1. **Certificate Holder:**

Enter the name and address of the certificate holder/additional covered party.

2. **This certifies that the coverage described herein has been issued to:**

Enter the name of the member entity.

3. **Location of Activity:**

Enter the location where the activity is going to take place.

4. **Description of Activity:**

Enter a description of the activity which is sufficient for coverage analysis purposes.

5. **Date(s) of Activity:**

Enter the date(s) that the activity will take place.

6. **Entity Providing Coverage:**

Enter the name of the member entity.

7. **Coverage Limits:**

For Forms B1 and B2, enter the self-insured retention (S.I.R.) of the member entity. For Form A, do the same but add the amount of coverage needed from CJPRMA which is in excess of the amount of the S.I.R.

8. **Certificate Expiration Date:**

Enter the date of the last day of the activity or the date of the last day of the program year, whichever is earlier.

9. **JPAs with their own Memorandum of Coverage**

On Form B2 only, enter the name of the member JPA on the blank line at the end of the second paragraph describing coverage.

Revised: 07/16/2008