

VN#	<u>@00015694</u>			
CT#	<u>E2200361</u>			
ACCT:	<u>1001</u>	-	<u>103010</u>	- <u>723000</u> - <u>100</u>
CT AMT:	<u></u>	\	<u>\$ 25,000.00</u>	
	Annual		Total	

PROFESSIONAL SERVICES RETENTION AGREEMENT

THIS AGREEMENT is made this 6th day of October, 2021, by and between the COUNTY OF SISKIYOU (hereinafter referred to as "County"), and William W. Abbott and the firm of ABBOTT & KINDERMANN, INC., a firm engaged in the practice of law in the State of California, at 2100 Twenty First Street, Sacramento, CA 95818, (hereinafter referred to as "Attorney").

WHEREAS, the County has been served with a Petition for Writ of Mandate and Complaint for Declaratory Relief (Spencer, et al v. County of Siskiyou, et al., Siskiyou County Superior Court, Case No. SSCV PT 21-984), which challenges its use of the common sense exemption and Class 7 and 8 categorical exemptions for adoption of two water-related ordinances; and,

WHEREAS, the County desires to retain outside counsel to represent and defend the County in this matter; and,

WHEREAS, it has been determined that Attorney has the expertise to render the necessary representation and defense of the County; and,

WHEREAS, Attorney is qualified by education, training, and experience and is competent to perform such services.

NOW, THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

1. Services. Pursuant to this Agreement, Attorney, upon request, shall provide to County specialized legal consulting services based solely upon the County's determination and need for such services. County makes no guarantee or warranty of any nature that any minimum level or amount of services or work will be requested of Attorney by County under this Agreement. County by this Agreement incurs no obligation or requirement to request from Attorney the performance of any services or work at all, even if County should have some need for such services or work during the term of this Agreement.

Services and work provided by Attorney at County's request under this Agreement will be performed in a manner consistent with the requirements and standards established by applicable federal, state, and County laws, ordinances, regulations, and resolutions. Such laws, ordinances, regulations, and resolutions include, but are not limited to, those which are referred to in this Agreement.

2. Term. The term of this Agreement shall commence on September 21, 2021, and shall terminate upon completion of the case, unless terminated earlier pursuant to Paragraph 16.

3. Legal Fees. Attorney shall be compensated for such services in a sum not to exceed Twenty-Five Thousand Dollars (\$25,000.00), with the County Counsel to review and audit the billings. Said amount shall not be exceeded without prior approval of the Board of Supervisors. See Exhibit "A" attached hereto for hourly rate(s).

When it appears that the maximum amount payable under this contract may be exceeded, Attorney shall give County Counsel thirty (30) days' notice of such, together with reasons supporting the need for additional funds. The purpose of this notice is intended to avoid the interruption of necessary legal services while allowing the Board of Supervisors to exercise its

discretion in advance of the expenditure of such funds.

4. Costs and Expenses. County shall reimburse Attorney for all costs and expenses incurred by Attorney, including, but not limited to, fees fixed by law or assessed by public agencies, long distance telephone calls, messenger and other delivery fees, postage, and for travel expenses and per diem which Attorney reasonably incurs in providing services and work requested by County pursuant to this Agreement.

Except as expressly provided in this Agreement, Attorney shall not be entitled to, nor receive, from County any additional consideration, compensation, salary, wages, or other type of remuneration for services rendered under this Agreement. Specifically, Attorney shall not be entitled, by virtue of this Agreement, to consideration in the form of overtime, health insurance benefits, retirement benefits, disability retirement benefits, sick leave, vacation time, paid holidays, or other paid leave of absence of any type or kind whatsoever.

5. Statement Billing and Payment.

(A) Billing and Payment. Attorney shall submit to County, once a month, an itemized statement of all hours spent by Attorney in performing services and work described in Exhibit "B", which were done at County's request. This statement will be submitted to County as expeditiously as possible. The statement to be submitted will cover the period from the first day of the preceding month through and including the last day of the preceding month. This statement will identify the date of which the hours were worked and describe the nature of the work which was performed on each day. Attorney's statement to County will also include an itemization of any travel or per diem expenses, which have been approved in advance by County, incurred by the Attorney during that period. The itemized statement for travel expenses and per diem will include original receipts for lodging, meals, and other incidental expenses in accordance with County's accounting procedures and rules. Contractor shall be paid within 30 days of County Auditor's receipt of said statement and claim form completed by the department.

(B) Federal and State Taxes.

(1) Except as provided in subparagraph (2) below, County will not withhold any federal or state income taxes or social security from any payments made by County to Attorney under the terms and conditions of this Agreement.

(2) County will withhold California State income taxes from payments made under this Agreement to non-California resident independent contractors when it is anticipated that total annual payments to Attorney under this Agreement will exceed One Thousand Four Hundred Ninety-Nine and no/100 Dollars (\$1,499.00).

(3) Except as set forth above, County has no obligation to withhold any taxes or payments from sums paid by County to Attorney under this Agreement. Payment of all taxes and other assessments on such sums is the sole responsibility of Attorney. County has no responsibility or liability for payment of Attorney's taxes or assessments.

(4) The total amounts paid by County to Attorney, and taxes withheld from payments to non-California residents, if any, will be reported annually to the Internal Revenue Service and the California State Franchise Tax Board.

6. Work Schedule. Attorney's obligation is to perform, in a timely manner, those services which are requested by County. It is understood by Attorney that the performance of these services and work will require a varied schedule. Attorney will arrange his/her own schedule, but will coordinate with County to insure that all services and work requested by County under this Agreement will be performed within the time frame set forth by County.

7. Required Licenses, Certificates and Permits. Any licenses, certificates, or permits required by the federal, state, county, or municipal governments for Attorney to provide the services must be procured by Attorney and be valid at the time Attorney enters into this Agreement. Further, during the term of this Agreement, Attorney must maintain such licenses, certificates, and permits in full force and effect. Licenses, certificates, and permits may include, but are not limited to, driver's licenses, professional licenses or certificates, and business licenses. Such licenses, certificates, and permits will be procured and maintained in force by Attorney at no expense to County. Attorney will provide County, upon execution of this Agreement, with evidence of current and valid licenses, certificates and permits which are required to perform the services. Where there is a dispute between Attorney and County as to what licenses, certificates, and permits are required to perform the services, County reserves the right to make such determinations for purposes of this Agreement.

8. Office Space, Supplies, Equipment, Etc. Attorney shall provide such office space, supplies, equipment, vehicles, reference materials, and telephone service as is necessary for Attorney to provide the services under this Agreement. County is not obligated to reimburse or pay Attorney, for any expense or cost incurred by Attorney in procuring or maintaining such items. Responsibility for the costs and expenses incurred by Attorney in providing and maintaining such items is the sole responsibility and obligation of Attorney.

9. County Property.

(A) Personal Property of County. Any personal property such as, but not limited to, protective or safety devices, badges, identification cards, keys, etc., provided to Attorney by County pursuant to this Agreement are, and at the termination of this Agreement, remain the sole and exclusive property of County. Attorney will use reasonable care to protect, safeguard and maintain such items while they are in Attorney's possession. Attorney will be financially responsible for any loss or damage to such items, partial or total, which is the result of Attorney's negligence.

(B) Products of Attorney's Work and Services. Any and all compositions, publications, plans, designs, specifications, blueprints, maps, formulas, processes, photographs, slides, video tapes, computer programs, computer disks, computer tapes, memory chips, soundtracks, audio recordings, films, audio-visual presentations, exhibits, reports, studies, works of art, inventions, patents, trademarks, copyrights, or intellectual properties of any kind which are created, produced, assembled, compiled by, or are the result, product, or manifestation of, Attorney's services or work under this Agreement are, and at the termination of this Agreement remain, the sole and exclusive property of County. At the

termination of the Agreement, Attorney will convey possession and title to all such properties to County.

10. Workers' Compensation. Attorney shall provide workers' compensation insurance coverage, in the legally required amount, for all Attorney's employees utilized in providing work and services pursuant to this Agreement. By executing a copy of this Agreement, Attorney acknowledges its obligations and responsibilities to its employees under the California Labor Code, and warrants that Attorney has complied and will comply during the term of this Agreement with all provisions of the California Labor Code with regard to its employees. Attorney, at the time of execution of this Agreement, will provide County with evidence of the required workers' compensation insurance coverage.

11. Insurance.

(A) General Liability. Attorney shall procure and maintain during the entire term of this Agreement, a policy of general liability insurance which covers all the work and services to be performed by Attorney under this Agreement. Such insurance policy will have a per occurrence combined single limit coverage of not less than \$100,000.00. Such policy will not exclude or except from coverage any of the services and work required to be performed by Attorney under this Agreement. The required policy of insurance will be issued by an insurer authorized to sell such insurance by the State of California, and have at least a "Best's" policyholder's rating of "A" or "A+". County will be named as "an additional named insureds" on this policy. Attorney will provide County a copy of the policy and a certificate of insurance showing County as "additional named insured" and indicating that the policy will not be terminated, canceled, or modified without thirty (30) days written notice to County.

(B) Business Auto. If Attorney utilizes a motor vehicle in performing any of the work or services hereunder, Attorney shall procure and maintain in force throughout the duration of this Agreement, a business auto liability insurance policy with minimum coverage levels of \$300,000.00 per occurrence, combined single limit for bodily injury liability and property damage liability. The coverage shall include all Attorney owned vehicles and all hired and non-owned vehicles used in performing under this Agreement.

A certificate of insurance shall be provided to County at least ten (10) days prior to the start of services to be performed by Attorney. The policy shall contain a provision prohibiting the cancellation or modification of said policy except upon thirty (30) days prior written notice to County.

(C) Professional Liability. If Attorney is required to be professionally licensed or certified by any agency of the State of California in order to perform any of the work or services hereunder, Attorney shall procure and maintain in force throughout the duration of this Agreement a professional liability insurance policy with a minimum coverage level of \$1,000,000.00. Proof of such insurance shall be provided to county at least ten (10) days prior to the start of any work by Attorney.

12. Status of Attorney. All acts of Attorney, its agents, officers, and employees, relating to the performance of this Agreement, shall be performed as independent contractors, and not as agents, officers, or employees of County. Attorney, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of County. Attorney has no authority or responsibility to exercise any rights or power vested in the County. No agent, officer, or employee of the County is to be considered an employee of Attorney. It is understood by both Attorney and County that this Agreement shall not under any circumstances be construed or considered to create an employer--employee relationship or a joint venture. As an independent contractor:

(A) Attorney shall determine the method, details, and means of performing the work and services to be provided by Attorney under this Agreement.

(B) Attorney shall be responsible to County only for the requirements and results specified in this Agreement and except as expressly provided in this Agreement, shall not be subjected to County's control with respect to the physical action or activities of Attorney in fulfillment of this Agreement.

(C) Attorney, its agents, officers, and employees are, and at all times during the term of this Agreement shall, represent and conduct themselves as independent contractors, and not as employees of County.

13. Defense and Indemnification. Attorney shall defend, indemnify, and hold harmless County, their agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, resulting from, or in connection with, the performance of this Agreement by Attorney, or Attorney's agents, officers, or employees. Attorney's obligation to defend, indemnify, and hold County, their agents, officers, and employees harmless applies to any actual or alleged personal injury, death, or damage or destruction to tangible or intangible property, including the loss of use. Attorney's obligation under this paragraph extends to any claim, damage, loss, liability, expense, or other costs which is caused in whole or in part by any act or omission of the Attorney, its agents, employees, supplier, or any one directly or indirectly employed by any of them, or anyone for whose acts or omissions any of them may be liable.

Attorney's obligation to defend, indemnify, and hold County, its agents, officers, and employees harmless under the provisions of this paragraph is not limited to, or restricted by, any requirement in this Agreement for Attorney to procure and maintain a policy of insurance.

To the extent permitted by law, County shall defend, indemnify, and hold harmless Attorney, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorneys' fees, arising out of, or resulting from, the active negligence, or wrongful acts of County, its officers, or employees.

14. Records and Audits.

(A) Records. Attorney shall prepare and maintain all records required by the various provisions of this Agreement, federal, state, and municipal law, ordinances, regulations, and directions. Attorney shall maintain these records for a minimum of five (5) years from the termination or completion of this Agreement. Attorney may fulfill its obligation to maintain records as required by this paragraph by

substitute photographs, microphotographs, or other authentic reproduction of such records.

(B) Inspections and Audits. Any authorized representative of County shall have access to any books, documents, papers, records, including, but not limited to, financial records of Attorney, which County determines to be pertinent to this Agreement, for the purposes of making audit, evaluation, examination, excerpts, and transcripts during the period such records are to be maintained by Attorney. Further, County has the right, at all reasonable times, to audit, inspect, or otherwise evaluate the work performed or being performed under this Agreement.

15. Nondiscrimination. During the performance of this Agreement, Attorney, its agents, officers, and employees shall not unlawfully discriminate in violation of any federal, state, or local law, against any employee, or applicant for employment, or person receiving services under this Agreement, because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex. Attorney and its agents, officers, and employees shall comply with the provisions of the Fair Employment and Housing Act (Government Code Section 12900, et seq.), and the applicable regulations promulgated thereunder in the California Code of Regulations. Attorney shall also abide by the Federal Civil Rights Act of 1964 (P.L. 88-352) and all amendments thereto, and all administrative rules and regulations issued pursuant to said Act.

16. Cancellation. This Agreement may be canceled by County without cause, and at will, for any reason by giving to Attorney thirty (30) days written notice of such intent to cancel. Attorney may cancel this Agreement without cause, and at will, for any reason whatsoever by giving thirty (30) days written notice of such intent to cancel to County.

17. Assignment. This is an agreement for services of Attorney. County has relied upon the skills, knowledge, experience, and training of Attorney as an inducement to enter into this Agreement. Attorney shall not assign or subcontract this Agreement, or any part of it, without the express written consent of County. Further, Attorney shall not assign any monies due or to become due under this Agreement without the prior written consent of County.

18. Default. If the Attorney abandons the work, or fails to proceed with the work and services requested by County in a timely manner, or fails in any way as required to conduct the work and services as required by County, County may declare the Attorney in default and terminate this Agreement upon five (5) days written notice to Attorney. Upon such termination by default, County will pay to Attorney all amounts owing to Attorney for services and work satisfactorily performed to the date of termination.

19. Waiver of Default. Waiver of any default by either party to this Agreement shall not be deemed to be waiver of any subsequent default. Waiver or breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach, and shall not be construed to be a modification of the terms of this Agreement unless this Agreement is modified as provided in paragraph 27 below.

20. Confidentiality. Attorney agrees to comply with the various provisions of the federal, state, and county laws, regulations, and ordinances providing that information and records kept, maintained, or accessible by Attorney in the course of providing services and work under this Agreement, shall be privileged, restricted, or confidential. Attorney agrees to keep confidential all

such information and records. Disclosure of such confidential, privileged, or protected information shall be made by Attorney only with the express written consent of County.

21. Conflicts. Attorney agrees that it has no interest, and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of the work and services under this Agreement.

22. Post Agreement Covenant. Attorney agrees not to use any confidential, protected, or privileged information which is gained from County in the course of providing services and work under this Agreement, for any personal benefit, gain, or enhancement. Further, Attorney agrees for a period of two years after the termination of this Agreement, not to seek or accept any employment with any entity, association, corporation, or person who, during the term of this Agreement, has had an adverse or conflicting interest with County, or who has been an adverse party in litigation with the County, and concerning such, Attorney by virtue of this Agreement has gained access to the County's confidential, privileged, protected, or proprietary information.

23. Severability. If any portion of this Agreement or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction, or if it is found in contravention of any federal, state, or county statute, ordinance, or regulation, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated thereby, and shall remain in full force and effect to the extent that the provisions of this Agreement are severable.

24. Funding Limitation. The ability of County to enter this Agreement is based upon available funding from various sources. In the event that such funding fails, is reduced, or is modified, from one or more sources, County has the option to cancel, reduce, or modify this Agreement, or any of its terms within ten (10) days of its notifying Attorney of the cancellation, reduction, or modification of available funding. Any reduction or modification of this Agreement made pursuant to this provision must comply with the requirements of paragraph 26 (Amendment).

25. Attorneys' Fees. If either of the parties hereto brings an action or proceeding against the other, including, but not limited to, an action to enforce or declare the cancellation, termination, or revision of the Agreement, the prevailing party in such action or proceeding shall be entitled to receive from the other party all reasonable attorneys' fees and costs incurred in connection therewith.

26. Amendment. This Agreement may be modified, amended, changed, added to, or subtracted from by the mutual consent of the parties hereto, if such amendment or change is in written form and executed with the same formalities as this Agreement, and attached to the original Agreement to maintain continuity.

27. Notice. Any notice, communication, amendments, additions, or deletions to this Agreement, including change of address of either party during the terms of this Agreement, which Attorney, County shall be required, or may desire, to make, shall be in writing and may be personally serviced, or sent by prepaid first class mail to, the respective parties as follows:

TO COUNTY: County of Siskiyou
Office of the County Counsel
Natalie E. Reed, Assistant County Counsel
P.O. Box 659
Yreka, CA 96097

TO ATTORNEY: William W. Abbott
Abbott & Kindermann, Inc.
2100 Twenty First Street
Sacramento, CA

28. Conditions. This Agreement shall not take effect, and Attorney will have no obligation to provide legal services, and shall not be paid for any legal services, except for services provided from and after the execution of this Agreement.

29. Entire Agreement. This Agreement contains the entire agreement of the parties, and no representations, inducements, promises, or agreements otherwise between the parties not embodied herein or incorporated herein by reference, shall be of any force or effect. Further, no term or provision hereof may be changed, waived, discharged, or terminated, unless the same be in writing executed by the parties hereto.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the date first above written.

ABBOTT & KINDERMANN, INC.

DocuSigned by:
William W. Abbott 10/6/2021
By: AD2FF386908A444...
William W. Abbott (date)

COUNTY OF SISKIYOU

DocuSigned by:
Angela Davis 10/11/2021
By: 6516321B30E84B3...
Angela Davis, County Administrator (date)

Taxpayer ID No. on file

APPROVED AS TO LEGAL FORM:
DocuSigned by:
Natalie Reed 10/6/2021
By: 478E0B0CCD3E475...
Edward J. Kiernan, County Counsel (Date)

///
///
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APPROVED AS TO ACCOUNTING FORM:

Fund	Org	Account	Activity Code (if applicable)
1001	103010	723000	

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$25,000.00

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.

DocuSigned by:
Anemarie Zediker 10/11/2021
954EEE231E3E433
Jennie Ebejer, Auditor-Controller (Date)

APPROVED AS TO INSURANCE REQUIREMENTS:

DocuSigned by:
Melissa Cummins 10/11/2021
C12D5E73E82D4E2
Melissa Cummins, Risk Management (Date)

EXHIBIT "A"

SCHEDULE OF FEES

Attorney shall submit to County periodically, and not less frequently than monthly, a detailed statement of account which clearly sets forth by date the items of work performed, the amount of time (to the nearest 1/10 (0.10) of an hour) spent on each item by each attorney or paralegal who performed the work, and identification of the attorney or paralegal who performed such work and their hourly billing rate under this contract.

Attorney shall be compensated by at the following hourly rates:

Supervising Attorney	William W. Abbott	\$ 390.00
Litigation Counsel	Daniel S. Cucchi	\$ 330.00

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EXHIBIT "B"

SERVICES TO BE PERFORMED

Upon request of County, as set forth herein, to provide representation in the matter of Spencer, et al v. County of Siskiyou, et al.

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
10/06/2021

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 River Valley Insurance Assoc. 11335 Gold Express Dr., #135 Gold River, CA 95670 Tavia Miller	916-568-1121	CONTACT NAME: Tavia Miller PHONE (A/C, No, Ext): 916-568-1121 E-MAIL ADDRESS:	FAX (A/C, No): 916-568-1813
INSURED Abbott and Kindermann, Inc. 2100 21st Street Sacramento, CA 95818		INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Co. Ltd.	NAIC # 11000
		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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			57SBABG2117	02/13/2021	02/13/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER**CANCELLATION**

County of Siskiyou
1312 Fairlane Road
P.O. Box 750
Yreka, CA 96097

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)

10/04/2021

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 J.D. Allman, Inc. dba Total HR Insurance Services 1730 I Street, Suite 240 Sacramento, CA 95811	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: wcpolycysupport@omegacomp.com INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford NAIC # 29424 INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
INSURED Abbott & Kindermann, Inc 2100 21st Street Sacramento, CA 95818	

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	76 WEG AG1K01	06/26/2021	06/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All California Operations

CERTIFICATE HOLDER**CANCELLATION**

County of Siskiyou 1312 Fairlane Road P.O. Box 750 Yreka, CA 96097	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 <div style="text-align: right;"><i>J. D. Allman, Inc.</i></div>
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**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
10/01/2021

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 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 Lawyers Pacific Insurance Brokerage, Inc 18017 Chatsworth Street, #550 Granada Hills, CA 91344	CONTACT NAME: Al Hernandez PHONE (A/C. No. Ext): (818) 576-9205 FAX (A/C. No): (818) 576-9206 E-MAIL ADDRESS: Al@LawyersPacific.com INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company NAIC # 11150
INSURED Abbott & Kindermann, Inc. 2100 Twenty First Street Sacramento, CA 95818	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input type="checkbox"/> _____						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> _____						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						OTHE-R
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Lawyers Professional Liability			11LPL10454406	03/15/21	03/15/22	\$1,000,000 Per Claim \$3,000,000 Aggregate \$25,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Law Firm.

CERTIFICATE HOLDER**CANCELLATION**

County of Siskiyou 1312 Fairlane Road P.O. Box 750 Yreka, CA 96097	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 
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Renewal auto policy declarations

Your policy effective date is March 14, 2021



Information as of January 20, 2021

Total Amount Due for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number (VIN)	Premium
2018 Audi A3	[REDACTED]	\$1,176.02
2015 Toy. Truck Highlander	[REDACTED]	\$44.26
California Fraud Assessment Fee		1.76
Total*		\$1,222.04

* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).

See the **Important payment and coverage information** section for details about installment fees.

Discounts (included in your total premium)

Anti-theft	\$66.50	Good Driver (20%)	\$211.95
Multiple Policy	\$96.45	Distinguished Driver	\$225.00
Total discounts			\$593.90

Discounts per vehicle

2018 Audi A3			
Anti-theft	\$66.50	Good Driver (20%)	\$211.95
Multiple Policy	\$96.45	Distinguished Driver	\$225.00
2015 Toy. Truck Highlander			
Good Driver (20%)	\$44.26	Multiple Policy	\$44.26
Distinguished Driver			

Listed drivers on your policy

William Abbott
Tina Thomas

Excluded drivers from your policy

None

Summary

Named Insured(s)
William Abbott, Tina A Thomas
Mailing address
**2722 Coleman Way
Sacramento CA 95818-4431**
Policy number
000002007

Your policy provided by
Allstate Northbrook Indemnity Company
Policy period
Beginning **March 14, 2021** through
September 14, 2021 at 12:01 a.m.
standard time

Your Allstate agency is
Chandler Agency
2481 Sunrise Blvd
Gold River CA 95670-4385
(916) 852-2060
jchandler@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.



Renewal auto policy declarations

Policy number:

[REDACTED]

Policy effective date:

March 14, 2021

Additional interested party

A Certificate of Insurance was sent to:


County of Eldorado

360 Fair Lane

Placerville, CA 95667-4103

X21010 054
210120A301447
AUTR24CA2021012101241401A-000084-004-0-00-00
CA010RBD

Renewal auto policy declarations








Policy number: 

Policy effective date: March 14, 2021

Page 3 of 6



Coverage detail for 2018 Audi A3

Coverage	Limits	Deductible	
Automobile Liability Insurance		Not applicable	
▪ Bodily Injury	\$300,000 each person \$500,000 each occurrence		
▪ Property Damage	\$200,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$250	
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$100	
Rental Reimbursement	up to \$30 per day for a maximum of 30 days	Not applicable	
Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance for Bodily Injury	\$300,000 each person \$500,000 each accident	Not applicable	
Automobile Medical Payments	Not purchased*		
Coordinated Medical Protection	\$10,000 each person	See note below	
Lease/Loan Gap	See Form AU14628-1	Not applicable	
Sound System	Not purchased*		

(continued)



Renewal auto policy declarations

Page 4 of 6

Policy number:

[REDACTED]

Policy effective date:

March 14, 2021

Coverage	Limits	Deductible	Premium
Tape	Not purchased*		
Total premium for 2018 Audi A3			[REDACTED]

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

Note:

Coordinated Medical Protection is excess over other medical insurance. A deductible of \$2,000 per person will apply to you or a resident relative not covered by a primary medical plan.

VIN WAUTPBFF6JA080106

Lienholder

Audi Financial Services (Retail)

Rating information

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, married person licensed 47 years.

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 7,500 - 7,999. The annual mileage figure applicable to this vehicle for the current policy period is: 7,500 - 7,999.

The following odometer information was used to determine your annual mileage for current policy period:

Odometer Reading: 125

Date : 06/28/2018

Odometer Reading: 14,909

Date : 05/21/2020

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Coverage detail for 2015 Toy. Truck Highlander

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	[REDACTED]
▪ Bodily Injury	\$300,000 each person \$500,000 each occurrence		
▪ Property Damage	\$200,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$250	[REDACTED]
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$100	[REDACTED]
Rental Reimbursement	up to \$30 per day for a maximum of 30 days	Not applicable	[REDACTED]
Towing and Labor Costs	Not purchased*		

(continued)

CA010RBD

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AUTR24CA202101210121401A-000084-005-0-00-00

Renewal auto policy declarations

Policy number:

[REDACTED]

Policy effective date:

March 14, 2021

Page 5 of 6



Coverage	Limits	Deductible	Premium
Uninsured Motorists Insurance for Bodily Injury	\$300,000 each person \$500,000 each accident	Not applicable	[REDACTED]
Automobile Medical Payments	Not purchased*		
Coordinated Medical Protection	\$10,000 each person	See note below	[REDACTED]
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2015 Toy. Truck Highlander			[REDACTED]

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

Note:

Coordinated Medical Protection is excess over other medical insurance. A deductible of \$2,000 per person will apply to you or a resident relative not covered by a primary medical plan.

VIN 5TDJKRFH2FS156403

Rating information

Your premium is determined based on certain information, including the following:

- This vehicle is driven 0-3 miles to work/school, married person licensed 52 years.

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 16,500 - 16,999. The annual mileage figure applicable to this vehicle for the current policy period is: 16,500 - 16,999.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Additional coverages

Automobile Death Indemnity Insurance	Not purchased*
Automobile Disability Income Protection	Not purchased*
Identity Theft Expenses	Not purchased*

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**



Renewal auto policy declarations
Policy number: [REDACTED]
Policy effective date: March 14, 2021

Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Automobile Policy – AU104-3
- California Amendatory Endorsement – AU14629-3
- Amendment of Policy Provisions – AU14626-1
- Additional Interest Endorsement (Notice of Policy Cancellation or Change) – AU2334
- Lease or Loan Gap Coverage Endorsement – AU14628-1

Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

- ▶ Your rate is lower because you are insuring multiple cars.
- ▶ Your bill will be sent to you in a separate mailing and will list any payment option(s) available to you. If you are eligible to pay your premium in installments, your first bill will reflect your available payment options, including the option to pay in full or to pay in monthly installments. Please note that any amounts payable for the first renewal bill will not include an installment fee (unless you have an unpaid balance from a previous policy period, in which case the Minimum Amount Due will include an installment fee, or unless you are participating in the Allstate Easy Pay Plan). The following applies to installment payments made after your first renewal bill.

If you decide to pay your premium in installments, there will be a \$3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be \$21.00.

If you are on the Allstate® Easy Pay Plan, there will be a \$1.00 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and remain on the Allstate® Easy Pay Plan, then the total amount of installment fees during the policy period will be \$6.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Allstate® Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.

Allstate Northbrook Indemnity Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Phil Telgenhoff
President

Susan L. Lees
Secretary

CA010RBD

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AUTR24CA20210121012141401A-000084-006-0-00-00

Important notices

Policy number: **0991000987**
 Policy effective date: March 14, 2021

Page 1 of 2



Reasons for Extension, Cancellation or Nonrenewal

California law requires Allstate to provide you with reasons why your policy may be extended, canceled or nonrenewed or your premium increased.

Allstate may cancel or nonrenew your policy for one or more of the following reasons:

- Nonpayment of premium;
- Fraud or material misrepresentation affecting the policy or the insured; or
- Substantial increase in the hazard we insure against.

In addition, your policy may be nonrenewed or your premium may be increased for any of the following reasons:

- Accident involvement by an insured and whether the insured is at fault in the accident;
- A change in, or addition of, an insured vehicle;
- A change in, or addition of, an insured under the policy;
- A change in the location of garaging of an insured vehicle;
- A change in the use of an insured vehicle;
- Conviction for violating any provision of the Vehicle Code or Penal Code relating to the operation of a motor vehicle;
- The payment made by an insurer due to a claim filed by an insured or a third party;
- Any other reason that is lawful and not unfairly discriminatory.

Accidents and convictions for violating any provision of the Vehicle Code or Penal code relating to the operation of a motor vehicle that occur within the 36-month period ending on the effective date of the policy may lead to an increase of your premium. You have the right to be informed, upon your request, of any increase in premium, in whole or in part, charged to you because of an accident or conviction.

Under certain circumstances, if we fail to send your renewal offer at least 20 days prior to your renewal effective date or if we fail to send your nonrenewal notice at least 30 days prior to the nonrenewal effective date, California law requires us to extend your existing policy term for 30 days from the date the notice is mailed or delivered to you.

Other Uninsured Motorist Coverage Options

Your policy has been issued with the coverages and options you requested. Please refer to the enclosed Policy Declarations to verify that your policy has been issued according to your requests.

However, please be aware that you still have options concerning coverage for damages to your insured auto that you are legally entitled to recover from the owner or operator of an uninsured motor vehicle.

The following options are available **for each vehicle under your policy**. Please see your Policy Declarations to determine your current coverages for each of your vehicles.

- If your vehicle is insured for Auto Collision Insurance, we are offering a Waiver of your Collision Coverage Deductible to apply when the vehicle is damaged in an accident caused by an uninsured motor vehicle.
- If your vehicle is not insured for Auto Collision Insurance and is insured for Uninsured Motorists Insurance for bodily injury, we are offering you the opportunity to extend your Uninsured Motorists Insurance to cover property damage.
- You still have the option of rejecting either the Waiver of Collision Coverage Deductible or Uninsured Motorists Insurance for property damage, or both coverages.

If a vehicle insured under your policy is damaged by an uninsured motor vehicle and you are legally entitled to recover damages, we will, depending on the coverage you purchase, either:

- Pay the collision deductible on the insured motor vehicle when you have purchased collision coverage, or
- Pay for the damage to the insured motor vehicle when you have not purchased collision coverage but have purchased Uninsured Motorists Insurance for property damage.

Payment shall not include damage to personal property or loss of use of a motor vehicle and shall not exceed the smaller of:

- The amount of the collision deductible,
- The actual cash value of the insured motor vehicle,
- \$3500.

The law also permits you to reject these coverages completely.

If you would like to purchase one of these coverages or make any other changes concerning these coverage options, please call your Allstate Agent.

If You Have a Problem with Your Insurance

Please contact your Allstate representative if you have any questions or concerns about your insurance. If a problem arises that you and your Allstate representative are unable to resolve satisfactorily, please call or write to:

**Allstate Customer Service
 PO Box 660598, Dallas, TX 75266-0598
 1-800-ALLSTATESM (1-800-255-7828)**



Important notices

Policy number:

[REDACTED]

Policy effective date:

March 14, 2021

If the problem remains unresolved, you may contact the California Department of Insurance at:

**Consumer Services Division
California Department of Insurance
300 South Spring Street, Los Angeles, CA 90013
Consumer Hotline: 1-800-927-4357
Website:**

<http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

Please contact the Department of Insurance only if you have been unable to satisfactorily resolve the problem with your Allstate representative and with Allstate.

X5126-4

Voluntary Provider Networks

We want to let you know about a program that may be available to you.

If you, or anyone covered under your policy, is injured in a loss covered under your auto policy, a Voluntary Provider Network may be available to you. A Voluntary Provider Network includes a variety of participating medical providers that can treat those injuries.

Voluntary Provider Networks maintain lists of their participating providers. In the event that you experience a loss, your claims representative can provide you with contact information for any participating Allstate networks that may be available in your state at that time.

You are under no obligation to use a medical provider who is a member of one of these networks, and you are free to seek medical services from a provider of your choice. There is no penalty if you choose a provider outside the network. If you are injured and treated by a provider who is a member of one of the participating networks, we may review their bills for covered medical services for re-pricing based on the approved rate for that provider's network.

You do not need to make a choice about these networks at this time. Please keep in mind that using a provider within a network should not be considered a confirmation that you have coverage. This notice is for informational purposes only.

X73469

Important information about the Good Driver Discount

The Good Driver Discount gives a driver the opportunity to receive a discount for having a good driving history.

Depending on your driving experience and information in your driving record, (such as the number of traffic violation convictions or accidents), you could be eligible for a 20% discount on your auto insurance premiums.

Please Note: If a driver is no longer eligible for a Good Driver Discount policy because of the driving safety record or years of driving experience of any other person, the good driver is eligible to purchase a Good Driver Discount policy which excludes such other persons from coverage. If you want to exclude such other persons from your auto policy so that Allstate can offer you the Good Driver Discount policy, please contact your Allstate agent or representative. This change may affect your premium and any discounts currently on your policy.

Questions?

If you think you may qualify, have any questions regarding the Good Driver Discount or your coverage in general, please feel free to contact your Allstate agent or representative.

X73866