

# ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
09/25/95

**PRODUCER**  
G. HARTMAN INC.  
111 PINE STREET  
SUITE 933  
SAN FRANCISCO CA 94111

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 THE COVERAGE AFFORDED BY THE POLICES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY A FEDERAL INSURANCE COMPANY  
COMPANY B ATHENA (ST. PAUL SURPLUS)  
COMPANY C  
COMPANY D

**INSURED**  
EAST BAY ZOOLOGICAL SOCIETY  
PO BOX 5238  
OAKLAND CA 94605

**COVERAGES**

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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	35322849	8/05/95	8/05/96	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ 10,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	73210847	08/05/95	08/05/96	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	900BA2979	8/05/95	8/05/96	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE'S \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 CERTIFICATE HOLDER INCLUDES CITY OF OAKLAND, ITS COUNCIL MEMBERS, OFFICERS, AGENTS & EMPLOYEES RESPECTING LIABILITY ARISING OUT OF THE OPERATION OF THE OAKLAND ZOO AS OWNERS OF THE PROPERTY ON WHICH THE INSURED IS SITUATED.

**CERTIFICATE HOLDER**  
 CITY OF OAKLAND -CITY MANAGER  
 ATTN: AVON MANNING  
 1 CITY HALL PLAZA  
 OAKLAND CA 94612

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 TERESA A. WALKER TW A

RECEIVED  
96 MAR 19 AM 11:39  
RETIREMENT-RISK

RECEIVED  
95 OCT -3 AM 9:45  
RETIREMENT-RISK

RECEIVED  
OFFICE OF PARKS RECREATION  
AND CULTURAL AFFAIRS  
JUL 30 1996  
DIRECTOR'S UNIT

# ACORD EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)  
09/25/95

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>PRODUCER</b> G. HARTMAN INC. 111 PINE STREET SUITE 933 SAN FRANCISCO CA 94111		<b>PHONE (A/C, No, Ext):</b> (415) 981-0512		<b>COMPANY</b> CHUBB GROUP 2 EMBARCADERO CENTER #900 SAN FRANCISCO CA 94111	
<b>CODE:</b> 908194		<b>SUB-CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b> AEASB50-		<b>INSURED</b> EAST BAY ZOOLOGICAL SOCIETY PO BOX 5238 OAKLAND CA 94605		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> 35322849
		<b>EFFECTIVE DATE</b> 08/05/95	<b>EXPIRATION DATE</b> 08/05/96	<input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

### PROPERTY INFORMATION

#### LOCATION/DESCRIPTION

9777 GOLF LINKS ROAD, OAKLAND CA 94605

### COVERAGE INFORMATION

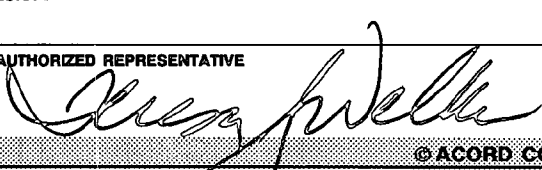
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
DIRECT PHYSICAL LOSS SUBJECT TO POLICY CONDITIONS AND EXCLUSIONS. REPLACEMENT COST COVERAGE. REAL PROPERTY NOT SUBJECT TO COINSURANCE. BUSINESS PERSONAL PROPERTY SUBJECT TO 100% COINSURANCE.		
BLANKET BUILDINGS	\$1,622,744	\$1,000
BLANKET BUSINESS PERSONAL PROPERTY	\$ 141,259	\$1,000

### REMARKS (including Special Conditions)

### CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

### ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b> CITY OF OAKLAND - CITY MGR. ATTN: AVON MANNING 1 CITY HALL PLAZA OAKLAND CA 94612	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
<b>LOAN #</b>		
<b>AUTHORIZED REPRESENTATIVE</b>  TW (A)		

RECEIVED

95 OCT -3 AM 9:45

RETIREMENT-RISK

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND  
96 FEB 13 AM 10:49