

DEPARTMENT: Community Services BY: Mary E. Williams PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION: AGENDA TITLE (REQUESTED ACTION):
Request approval and authorization to use the Mariposa County Transit Bus to transport the Mariposa County Arts Council featured storytellers from Mariposa to Yosemite National Park for their "Sunday Afternoon in the park Storytelling Concert", on Sunday, March 15, 2009. Mariposa County Arts Council has furnished a Certificate of Liability Insurance listing Mariposa County Transit as additional endorsement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved this transportation in the past and Mariposa County Arts Council have utilized the County Transit Bus for this event in Yosemite annually enabling the storytellers to travel together for a full day of activities. The Arts Council has always contributed funds to offset the cost.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Arts Council would have to make other arrangements for the storytellers to have transportation to their event in Yosemite.

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? (X) Yes () No () Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
Source:		_____
Internal Transfer _____		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
() General () Other _____		_____

CLERK'S USE ONLY:


Res. No. 01-108 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 Minute Order Attached No Action Necessary

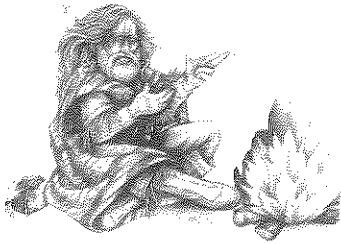
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments: _____

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California
 By: _____
 Deputy

CAO: 



**Mariposa
STORYTELLING
Festival**



5009 5th Street
P.O. Box 2134
Mariposa, CA 95338



January 27, 2009

Mary Williams
Mariposa County Community Services Director
Mariposa, CA 95338

Dear Mary,

The Mariposa County Arts Council would like to request, as you have in the past, a county van on Sunday, March 15, 2009, to take our 22nd Mariposa Storytelling Festival featured tellers to Yosemite National Park for our *Sunday Afternoon in the Park Storytelling Concert*, from 2:30 – 4:45 pm, at the Park Service Auditorium, Visitors' Center, Yosemite Village. Transportation will be covered under the Mariposa County Arts Council's liability insurance (a copy of our policy is attached).

We will be departing Mariposa Lodge at 9:00 am (new time this year), stop in the Park for lunch and then proceed to the Visitors' Center by 2:00 pm, to get ready for the 2:30 pm concert. After the concert we will have dinner at the Yosemite Bug Resort, in Midpines, and return to Mariposa Lodge.

Please call me at home at (209) 966-2555 or you can e-mail me at: mar@sierratel.com if you have any questions.

Thank you so much for your help every year in making Mariposa County so very special for our visiting nationally recognized featured storytellers!!

Take care,

Marilyn Rudzik
Producer/Director
Mariposa Storytelling Festival
A Mariposa County Arts Council Event

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SZ
MARIP-9

DATE (MM/DD/YYYY)
02/25/09

PRODUCER
 Bondska Insurance Agency
 627 E. Canal Dr.
 P.O. Box 3277 Lic#0596517
 Turlock CA 95381-3277
 Phone: 209-667-0995 Fax: 209-667-7142

INSURED
 Mariposa County Arts Council
 P.O. Box 2134
 Mariposa CA 95338

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits Insurance Alliance
 INSURER B: North American Elite Ins Co
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	200806728NPO	05/06/08	05/06/09	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
A		<input checked="" type="checkbox"/> Liquor Liability	200806728NPO	05/06/08	05/06/09	PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
A	A	AUTOMOBILE LIABILITY	200806728NPO	05/06/08	05/06/09	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"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		GARAGE LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
		EXCESS/UMBRELLA LIABILITY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$
B		Property Section	CWB0000585050606728	05/06/08	05/06/09	BPP	31,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Drive Storytellers from Mariposa to Yosemite - 3/15/2009

This cancels and replaces previous certificate issued on 2/18/09.


CERTIFICATE HOLDER

CANCELLATION

COMAR-1

Mariposa County Transit
 5246 Spriggs Lane
 Mariposa CA 95338

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.