**Certificate for Liability Coverage**

The undersigned, being duly authorized to execute this Certificate on behalf of the Board of Directors of the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of special district) (hereinafter the “District”) hereby affirm the following:

1. That the participation by employees and members of the Board of Directors of District in the meetings and activities conducted by the

\_\_\_\_**Sonoma-Napa Bi-County Special Districts Association**\_, Chapter of the California Special Districts Association have been authorized by the District’s Board of Directors; and that the Board of Directors has found such activities constitute activities in the course and scope of such individual’s employment with or position of director with the District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date