

**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

Marin 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

Note: This document is typically signed by a district's General Manager or President of the Board.