

## CERTIFICATE OF LIABILITY INSURANCE

9/9/2015

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).

| C   | ertii   | icate nolder in lie            | u of such endor    | seme       | ent(s | ).                             |                |  |                              |  |             |             |  |
|---|---|--------------------------------|--------------------|------------|-------|--------------------------------|----------------|--|------------------------------|--|-------------|-------------|--|
| PRO   | DUC   | ER                             |                    |            |       |                                | CONTA<br>NAME: | CT Jeff Ta   | atro                         |  |             |             |  |
| OnePoint Business & Insurance Services  |   |                                |                    |            |       |                                |                | PHONE (A/C, No, Ext): 408-280-2100 FAX (A/C, No): (408) 280-2110 |                              |  |             |             |  |
| 950 S. Bascom Ave., Suite 2118  |   |                                |                    |            |       |                                |                | E-MAIL<br>ADDRESS: jeff.tatro@onepointbusinessinsurance.com      |                              |  |             |             |  |
|   |   |                                |                    |            |       |                                | ADDIIL         |  |                              | RDING COVERAGE                         |             | NAIC#       |  |
| San Jose CA 95128   |   |                                |                    |            |       |                                |                | INSURER A :Lloyd's   |                              |  |             |             |  |
| INSURED   |   |                                |                    |            |       |                                |                | INSURER B: United Financial Casualty Company                     |                              |  |             |             |  |
| Leaders in Community Alternatives, Inc  |   |                                |                    |            |       |                                |                |  |                              |  |             |             |  |
| 160 Franklin St. Suite 310  |   |                                |                    |            |       |                                |                | INSURER C:   |                              |  |             |             |  |
|   | -   |                                | 34200 320          |            |       |                                | INSURER D:     |  |                              |  |             |             |  |
| Oakland CA 94607  |   |                                |                    |            |       |                                |                | INSURER E:   |                              |  |             |             |  |
|   |   |                                |                    |            | CATI  | E NUMBER:CL1599062             | INSURER F:     |  |                              |  |             |             |  |
|   |   | RAGES                          |                    |            |       | RANCE LISTED BELOW HA          |                | N ISSUED TO  | THE INCLINE                  | REVISION NUMBER:                       | HE POI      | ICV PERIOD  |  |
|   |   |                                |                    |            |       | NT, TERM OR CONDITION          |                |  |                              |  |             |             |  |
|   |   |                                |                    |            |       | THE INSURANCE AFFORD           |                |  |                              |  | O ALL       | THE TERMS,  |  |
| INSR  | CCL   |                                |                    |            | SUBR  | LIMITS SHOWN MAY HAVE          | BEEN           |  |                              |  |             |             |  |
| LTR   | _   | TYPE OF INSL                   |                    | INSD       | WVD   | POLICY NUMBER                  |                | (MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)   | LIMIT                                  | rs          |             |  |
|   | X   | COMMERCIAL GENE                |                    |            |       | 8                              |                |  |                              | DAMAGE TO RENTED                       | \$          | 1,000,000   |  |
| A   |   | CLAIMS-MADE                    | X OCCUR            | 1          |       |                                |                |  |                              | PREMISES (Ea occurrence) \$            |             | 100,000     |  |
|   |   |                                | z 11 v             |            |       | CJ10017415                     |                | 9/23/2015  | 9/23/2016                    | MED EXP (Any one person)               | \$          | 1,000       |  |
|   | X   | Primary Non                    | Contributory       |            |       |                                |                |  |                              | PERSONAL & ADV INJURY                  | \$          | 1,000,000   |  |
|   |   | N'L AGGREGATE LIMIT            | APPLIES PER:       |            |       |                                |                |  |                              | GENERAL AGGREGATE                      | \$          | 3,000,000   |  |
|   | Х   | POLICY PRO-                    | roc                |            |       |                                |                |  |                              | PRODUCTS - COMP/OP AGG                 | \$          | 3,000,000   |  |
|   |   | OTHER:                         | and B              |            |       |                                |                |  |                              | Professional Liability                 | \$          | 1,000,000   |  |
|   | ANY AUTO ALL OWNED X SCHEDULED AUTOS X AUTOS  |                                |                    |            |       |                                |                |  |                              | COMBINED SINGLE LIMIT<br>(Ea accident) | \$ '-       | 1,000,000   |  |
| В   |   |                                |                    |            |       |                                |                |  |                              | BODILY INJURY (Per person)             | \$          | al a l      |  |
|   |   |                                |                    | 02396595-2 |       |                                | 9/11/2015      | 9/11/2016  | BODILY INJURY (Per accident) | \$                                     |             |             |  |
|   | Х   | HIRED AUTOS X                  | NON-OWNED<br>AUTOS |            |       |                                |                |  |                              | PROPERTY DAMAGE<br>(Per accident)      | \$          |             |  |
|   |   |                                | 0 2                |            |       |                                |                |  |                              | Medical payments                       | \$          | 5,000       |  |
|   | X   | UMBRELLA LIAB                  | OCCUR              |            |       |                                |                |  |                              | EACH OCCURRENCE                        | \$          | 4,000,000   |  |
| A   | į.  | EXCESS LIAB CLAIMS-MADE        |                    |            |       | CJ10017415                     | 1              | 9/23/2015  | 09/23/2016                   | AGGREGATE                              | \$          | 4,000,000   |  |
|   | DED X RETENTION\$ 0   |                                |                    |            |       |                                |                |  |                              | 1. c                                   | \$          |             |  |
|   |   | KERS COMPENSATION              | rv                 |            |       |                                |                |  |                              | PER OTH-<br>STATUTE ER                 |             |             |  |
|   | ANY   | Y PROPRIETOR/PARTNER/EXECUTIVE |                    |            |       |                                |                |  |                              | E.L. EACH ACCIDENT                     | \$          |             |  |
|   | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below |                                |                    |            |       |                                |                |  |                              | E.L. DISEASE - EA EMPLOYEE \$          |             |             |  |
|   |   |                                |                    |            |       |                                |                |  |                              | E.L. DISEASE - POLICY LIMIT \$         |             |             |  |
|   |   | ofessional Lia                 |                    |            |       | CJ10017415                     |                | 9/23/2015  | 9/23/2016                    | Per Occurance                          | 13 -7       | \$1,000,000 |  |
| **  |   | 21638101161 216                | Dirity             |            |       | 601001/415                     |                | 3,23,2013  | 3,23,2010                    | P. V                                   | - Th. 1. M. | 98          |  |
|   |   |                                |                    |            |       |                                |                |  |                              | Aggregate                              | *.*         | 43,000,000  |  |
| DESC  | RIPT  | ION OF OPERATIONS              | LOCATIONS / VEHIC  | LES (#     | CORE  | 101, Additional Remarks Schedu | le, may b      | e attached if mo   | re space is requi            | red)                                   |             |             |  |
|   |   |                                |                    |            |       | y and County of Sa             |                |  |                              |  |             | oyees as    |  |
| an  | Add   | ditional Insu                  | red as requ        | iire       | d by  | y written contract             | with           | n respect  | to work                      | performed by inst                      | red.        |             |  |
| -   |   |                                | or v               |            |       |                                |                |  |                              | 13443<br>14. 14. 14. 15. 18644         |             |             |  |
| Project: All California Operations *30 Day Notice of Cancellation for Non-Payment of Prem |   |                                |                    |            |       |                                | ni um          |  |                              |  |             |             |  |
| *30   | Da  | y Notice of                    | Cancellatio        | n I        | or I  | Non-rayment of Pre             | uni um         |  |                              | 1441                                   | 1           |             |  |
|   |   |                                |                    |            |       |                                |                |  |                              | 1.0                                    |             | 7 6         |  |
| CEF   | TIF   | ICATE HOLDER                   | 7 11 7             |            |       |                                | CANC           | ELLATION   |                              |  | , -1        | E T 14 1 1  |  |
| J-L   |   |                                |                    |            |       |                                | JAN            |  |                              | e general gay is the                   | Times.      |             |  |
|   |   |                                | F 77.1             |            |       | 8                              | SHO            | ULD ANY OF T   | HE ABOVE D                   | ESCRIBED POLICIES BE C                 |             |             |  |

San Francisco Sheriff's Dept City Hall 1 Dr. Carlton B. Goodlett Pl Room 456 San Francisco, CA 94102

The state of the s

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

Jeff Tatro/IO

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| PRODUCER   | CONTACT Jeff Tatro   |  |   |                  |  |  |  |  |  |  |
|--|--|--|---|------------------|--|--|--|--|--|--|
| Professional Insurance Associates  | PHONE (A/C, No, Ext): (408) 280-2100 FAX (A/C, No): (480) 280-2110   |  |   |                  |  |  |  |  |  |  |
| P.O Box 1266   | E-MALL ADDRESS: jeff.tatro@onepointbusinessinsurance.com   |  |   |                  |  |  |  |  |  |  |
| in the second se | INSURER(S) AFFORDING COVERAGE NAIC #   |  |   |                  |  |  |  |  |  |  |
| San Carlos CA 94070  | INSURER A: State Compensation Insurance Fund   |  |   |                  |  |  |  |  |  |  |
| INSURED  |  |  |   |                  |  |  |  |  |  |  |
| Leaders in Community Alternatives, Inc   | INSURER B:   |  |   |                  |  |  |  |  |  |  |
| 160 Franklin St. Suite 310   | INSURER C:   |  |   |                  |  |  |  |  |  |  |
| 160 Franklin St. Suite 310   | INSURER D:   |  |   |                  |  |  |  |  |  |  |
| g  | INSURER E:   |  |   |                  |  |  |  |  |  |  |
| Oakland CA 94607   | INSURER F:   |  |   |                  |  |  |  |  |  |  |
| COVERAGES CERTIFICATE NUMBER:CL1599062   |  |  |   |                  |  |  |  |  |  |  |
| 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 INSD WVD POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY) (#  | POLICY EXP                               | LIMITS  |                  |  |  |  |  |  |  |
| COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR  |  |  | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | F-1              |  |  |  |  |  |  |
| (4) 4)   |  |  | MED EXP (Any one person) \$                                     | 3                |  |  |  |  |  |  |
|  |  |  | PERSONAL & ADV INJURY \$  |                  |  |  |  |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |  |  | GENERAL AGGREGATE   | I 1s .           |  |  |  |  |  |  |
| POLICY PRO-  |  | 99                                       | PRODUCTS - COMP/OP AGG \$                                       |                  |  |  |  |  |  |  |
| OTHER:   |  |  | \$  | 12-4             |  |  |  |  |  |  |
| AUTOMOBILE LIABILITY   |  |  | COMBINED SINGLE LIMIT (Ea accident)                             |                  |  |  |  |  |  |  |
| ANY AUTO   |  |  |   | · V.             |  |  |  |  |  |  |
| ALL OWNED SCHEDULED  |  |  | BODILY INJURY (Per accident) \$                                 | State Fair       |  |  |  |  |  |  |
| AUTOS AUTOS NON-OWNED  |  | 4.7                                      | PROPERTY DAMAGE   | ev .             |  |  |  |  |  |  |
| HIRED AUTOS AUTOS  |  |  | (Per accident) \$   |                  |  |  |  |  |  |  |
| UMBRELLA LIAB OCCUP  |  | -  | TO MALE TO SERVED   |                  |  |  |  |  |  |  |
|  | 4  |  | EACH OCCURRENCE \$  |                  |  |  |  |  |  |  |
| EXCESS LIAB . CLAIMS-MADE  |  | -  | AGGREGATE \$  | 16.07            |  |  |  |  |  |  |
| DED RETENTION \$   |  |  |   | Bang Are .       |  |  |  |  |  |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY   |  |  | X PER OTH-  |                  |  |  |  |  |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |  |  | E.L. EACH ACCIDENT \$   | 1,000,000        |  |  |  |  |  |  |
| A (Mandatory in NH) 902531915  | 9/23/2015  | 9/23/2016                                | E.L. DISEASE - EA EMPLOYEE \$                                   | 1,000,000        |  |  |  |  |  |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below   | W *  |  | E.L. DISEASE - POLICY LIMIT \$                                  | 1,000,000        |  |  |  |  |  |  |
|  |  | 1  |   |                  |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched  | ule, may be attached if more   | space is requir                          |   |                  |  |  |  |  |  |  |
| Certificate of Insurance for City and County of San !  | Francisco, its (   | Officers                                 | , Agents, and Employe   | es as            |  |  |  |  |  |  |
| required by written contract with respect to work per  | rformed by insu  | red.                                     |   | BSF 4 F F        |  |  |  |  |  |  |
| Project: All California Operations   |  |  |   |                  |  |  |  |  |  |  |
| *30 Day Notice of Cancellation for Non-Payment of Pro  | emium  |  |   |                  |  |  |  |  |  |  |
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| g., ,  |  |  |   |                  |  |  |  |  |  |  |
|  | CANCELLATION   |  |   |                  |  |  |  |  |  |  |
| CERTIFICATE HOLDER   | CANCELLATION   | CANCELLATION                             |   |                  |  |  |  |  |  |  |
| San Francisco Sheriff's Dept<br>City Hall<br>1 Dr. Carlton B. Goodlett Pl  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |                  |  |  |  |  |  |  |
| Room 456   | AUTHORIZED REPRESENTATIVE  |  |   |                  |  |  |  |  |  |  |
| San Francisco, CA 94102  |  |  |   |                  |  |  |  |  |  |  |
| 11 ;   | Jeff Tatro/IO  |  | 5-7-7-2   | The state of the |  |  |  |  |  |  |