STOSA1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/29/2024

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 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 have ADDITIONAL INSURED provisions or 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)

CONTACT NAME:						
PHONE (A/C, No, Ext): (415) 426-6600	FAX (A/C, No):(415)	15) 426-6601				
E-MAIL ADDRESS: customerservice@g2insurance.com						
INSURER(S) AFFORDING COVERAGE		NAIC #				
INSURER A : Scottsdale Insurance Company	41297					
INSURER B: The Pie Insurance Company		21857				
INSURER C: At-Bay Specialty Insurance Con	npany	19607				
INSURER D:						
INSURER E:						
INSURER F:						
	NAME: PHONE (A/C, No, Ext): (415) 426-6600 E-MAIL ADDRESS: CUSTOMERSERVICE@g2insurance.co INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: The Pie Insurance Company INSURER C: At-Bay Specialty Insurance Company INSURER D: INSURER E:	NAME: PHONE (A/C, No, Ext): (415) 426-6600 E-MAIL ADDRESS: Customerservice@g2insurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: The Pie Insurance Company INSURER C: At-Bay Specialty Insurance Company INSURER D: INSURER E:				

COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:**

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	SR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α		ERCIAL GENERAL LIABILITY	IIIOD	****		(MINISSITE OF THE PERSON OF TH	(MINIO D) 1 1 1 1 1	EACH OCCURRENCE	\$	2,000,000
		LAIMS-MADE X OCCUR	Х		OPS1586537	3/1/2024	3/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	χSexu	ıal Misconduct*						MED EXP (Any one person)	\$	5,000
	χ *\$25	0,000 each claim						PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGG	REGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLIC	y PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHE	₹:						*Abuse Agg	\$	750,000
Α	АИТОМОВ	LE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY A				OPS1586537	3/1/2024	3/1/2025	BODILY INJURY (Per person)	\$	
	OWNE AUTO	D SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRE	S ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBR	ELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCE	SS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED	RETENTION \$							\$	
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WCPI928599-000		3/1/2024	3/1/2025	X PER OTH- STATUTE ER		
			N/A		WCPI928599-000			E.L. EACH ACCIDENT	\$	1,000,000
			IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Profession	nal Liab			AB-6707654-02	3/1/2024	3/1/2025	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Package:

Insurance Company - Scottsdale Insurance Company

Policy Number: OP\$1586537 (Claims-made)

Effective Date: March 1, 2024 Expiration Date: March 1, 2025

Retroactive Date:

General Liability and Professional Liability (including Abuse) - September 1, 1988

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION

City and County of San Francisco - San Francisco Sheriff's Department 1 Dr. Carlton B. Goodlett Place City Hall Room 456 San Francisco, CA 94102

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

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LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # 0F89850	
Relation Insurance Services		San Francisco Pretrial Diversion Project 236 8th Street, Ste E
POLICY NUMBER		San Franciscó, CA 94103
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Non-owned & Hired Auto Liability - October 1, 2013

Technology Errors and Omissions Liability Full Program Insurance Company - At-Bay Specialty Insurance Company

Policy Number: AB-6707654-02 Effective Date: March 1, 2024 Expiration Date: March 1, 2025 Retroactive Date: July 14, 2021

Limits of Insurance: Per Claim Limit \$1,000,000 Aggregate Limit: \$1,000,000 Per Claim Deductible: \$25,000

Cyber Liability Coverage

Insurance Company - At-Bay Specialty Insurance Company

Policy Number: AB-6707654-02 Effective Date: March 1, 2024 Expiration Date: March 1, 2025

Limits of Insurance: \$5,000,000 Aggregate \$25,000 Policy Retention

Certificate Holder is named as additional insured as respects General Liability where required by written contract

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

POLICY NUMBER: OPS1586537

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

City and County of San Francisco San Francisco Sheriff's Department 1 Dr. Carleton B. Goodlett Pl. Suite 456 San Francisco, CA 84102

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) organization(s) shown in Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations;

B. In connection with your premises owned by or rented to you.



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DATE (MM/DD/YYYY) 3/14/2024

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.

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PRO	DUCER License # 0F89850				CONTAC NAME:					
Relation Insurance Services 1277 Treat Blvd, Suite 400			PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No): (415) 426-6601 E-MAIL ADDRESS: customerservice@g2insurance.com							
Wal	nut Creek, CA 94597				ADDRE					
								RDING COVERAGE		NAIC#
IN OU	nen.					-	Specialty II	nsurance Company		19607
INSU	INSURED			INSURE						
	San Francisco Pretrial Diversion Project 236 8th Street, Ste E					RC:				
	San Francisco, CA 94103				INSURER D:					
					INSURER E :					
CO	VERAGES CEI	TIE1/	~ A T I	E NUMBER:	INSURER F:					
TI IN CI	IIIS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	ES O REQU ' PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHEF IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY	IIIOD	11112			(MINI/25/1111)	(MINISON TOTAL)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i or decident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	≣						AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY DOODDIETOD/DADTNED/EVECLITIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Cyber Liability			AB-6707654-02		3/1/2024	3/1/2025	Agg \$5M/Retention		25,000
	RTIFICATE HOLDER Evidence of Cyber Liability	CLES (A	ACORE	O 101, Additional Remarks Schedu	CANC SHO THE	CELLATION ULD ANY OF EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE CA		
Evidence of Cyber Liability					ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					