



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 BELOW.

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.

PRODUCER License # 0F89850
Relation Insurance Services
1277 Treat Blvd, Suite 400
Walnut Creek, CA 94597
CONTACT NAME:
PHONE (A/C, No, Ext): (415) 426-6600
FAX (A/C, No): (415) 426-6601
E-MAIL ADDRESS: customerservice@g2insurance.com
INSURER(S) AFFORDING COVERAGE
INSURER A: Scottsdale Insurance Company NAIC # 41297
INSURER B: The Pie Insurance Company 21857
INSURER C: At-Bay Specialty Insurance Company 19607
INSURER D:
INSURER E:
INSURER F:

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Sexual Misconduct, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, and Professional Liab.

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: OPS1586537 (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
[Signature]



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Relation Insurance Services</b>		License # 0F89850	NAMED INSURED San Francisco Pretrial Diversion Project 236 8th Street, Ste E San Francisco, CA 94103
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## 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

POLICY NUMBER: OPS1586537

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**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) or organization(s) shown in the 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;
- or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2024

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PRODUCER License # 0F89850 Relation Insurance Services 1277 Treat Blvd, Suite 400 Walnut Creek, CA 94597 CONTACT NAME: PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No): (415) 426-6601 E-MAIL ADDRESS: customerservice@g2insurance.com INSURER(S) AFFORDING COVERAGE INSURER A: At-Bay Specialty Insurance Company NAIC #: 19607

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Cyber Liability 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 (Signature)