



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/15/2016

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(les) 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).

| | | |
|---|--------------------------------------|--------------------------------|
| PRODUCER OnePoint Business & Insurance Services 950 S. Bascom Ave., Suite 2118 San Jose CA 95128 | CONTACT NAME: Jeff Tatro | |
| | PHONE (A/C, No. Ext): (408) 280-2100 | FAX (A/C, No.): (408) 280-2110 |
| E-MAIL ADDRESS: jeff.tatro@onepointbusinessinsurance.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Lloyd's Synd 2987 (Brit Syndicates) | | |
| INSURER B: United Financial Casualty Company | | 11770 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES CERTIFICATE NUMBER: Master GL/PKG 16-17 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|------------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | CJ10017416 | 9/23/2016 | 9/23/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PO/ AGG \$ 3,000,000 Professional Liability \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 2396595-3 | 9/11/2016 | 9/11/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CJ10017516 | 9/23/2016 | 9/23/2017 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liability | | | CJ10017416 | 9/23/16 | 9/23/17 | Per Occurance \$1,000,000 Aggregate \$3,000,000 |

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

Certificate of Insurance naming City and Cuntry of San Francisco, its Officers, Agents, and Employees as an Additional Insured as required by written contract with respect to work performed by insured.

Project: All California Operations

*30 Day Notice of Cancellation for Non-Payment of Premium

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| henry.gong@sfgov.org | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| San Francisco Sheriff's Dept City Hall 1 Dr. Carlton B. Goodlett Pl Room 456 San Francisco, CA 94102 | AUTHORIZED REPRESENTATIVE Jeff Tatro/TMB |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2016

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).

| | | |
|--|---|------------------------------------|
| PRODUCER Professional Ins Associates P.O. Box 1266 San Carlos CA 94070 | CONTACT NAME: Jeff Senigaglia PHONE (A/C, No, Ext): 408.280.2100 E-MAIL ADDRESS: jeff.senigaglia@onepointbusinessinsurance.com | FAX (A/C, No): 408.280.2110 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Leaders in Community Alternatives, Inc 160 Franklin St. Suite 310 Oakland CA 94607 | INSURER A: State Compensation Insurance Fund | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** Master WC 16-17 **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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 902531915 | 9/23/2016 | 9/23/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate of Insurance for the City and County of San Francisco, its officers, agents, and employees as required by written contract with respect to work performed by insured.

Project: All California Operations

*30 Day Notice of Cancellation for Non-Payment of Premium

CERTIFICATE HOLDER

henry.gong@sfgov.org

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

CANCELLATION

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 Senigaglia/TA

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Policy #:CJ10017416

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Issued To: Leaders In Community Alternatives, Inc.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – AUTOMATIC STATUS WHEN
REQUIRED IN AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

CRIMINAL JUSTICE SYSTEM OPERATIONS LIABILITY POLICY

A. **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury" or "property damage" occurring after:
 - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or "damages" arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US AUTOMATIC STATUS
WHEN
REQUIRED IN AGREEMENT WITH YOU**

This Endorsement modifies Insurance provided under the following:

CRIMINAL JUSTICE SYSTEM OPERATIONS LIABILITY POLICY

- A. The **Transfer Of Rights Of Recovery Against Others To Us Condition (Section IV – Conditions)** is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization for whom you are performing operations when you and such person or organization have agreed to such waiver of recovery in writing in a contract or agreement:

- (1) because of "bodily injury", "property damage" or "personal and advertising injury" solely arising out of your "ongoing operations" or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard"; or
- (2) because of "wrongful act(s)" solely arising out of your "professional services" done under a contract with that person or organization.

This waiver applies only if such is required by contract or agreement and ends upon the termination of such contract.

- B. For purposes of this Endorsement, **SECTION V – DEFINITIONS** is amended by adding the following defined terms:

"inmates" includes a prisoner, detainee or any person in the full-time or part-time care, custody or control of any insured.

"Ongoing operations" means the business described in Item 1. BUSINESS DESCRIPTION of the Common Policy Declarations.

"Professional services" means those services that you provide in the conduct of your business to provide:

- a. Security and supervision of a facility and "inmates";
 - b. Services such as meals, educational service and supervised activities for "inmates";
- or as required under contract for the facility(ies).

"Wrongful act(s)" means any actual or alleged:

- a. Breach of duty,
- b. Neglect, error, misstatement, misleading statement, omission or act, or
- c. Violation of civil rights

committed, individually or collectively, by an insured within the course and scope of their duties for you in the rendering or failure to render the "professional services" shown in the Declarations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Policy #:CJ10017416

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Issued To: Leaders in Community Alternatives, Inc.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

This endorsement modifies insurance provided under the following:
CRIMINAL JUSTICE SYSTEM OPERATIONS LIABILITY POLICY

This applies to specific following Coverages if indicated (X) below:

Coverage

| | | |
|------------|--|-------------------------------------|
| Coverage A | Bodily Injury, Property Damage | <input checked="" type="checkbox"/> |
| Coverage B | Personal and Advertising Injury | <input checked="" type="checkbox"/> |
| Coverage C | Medical Payments | <input checked="" type="checkbox"/> |
| Coverage D | Professional Liability | <input checked="" type="checkbox"/> |
| Coverage E | Employment Related Practices Liability | <input type="checkbox"/> |
| Coverage F | Employee Benefits Liability | <input type="checkbox"/> |
| Coverage G | Healthcare Providers Liability | <input type="checkbox"/> |

| SCHEDULE OF PREMISES AND/OR PROJECT(S) |
|---|
| Per Form CJSL (01/09) |
| (If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.) |

This insurance applies only to "claims" for "damages" arising out of or resulting from:

1. The ownership, maintenance or use of the premises shown in the Schedule; and/or
2. The project shown in the Schedule.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Policy #:CJ10017416

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Issued To: Leaders in Community Alternatives, Inc.

SEXUAL MISCONDUCT LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

CRIMINAL JUSTICE SYSTEM OPERATIONS LIABILITY POLICY - COVERAGE D - PROFESSIONAL LIABILITY COVERAGE

COVERAGE D – PROFESSIONAL LIABILITY COVERAGE endorsement is amended as follows:

- A. **SECTION I – COVERAGES, 2. Exclusions**, the exclusion **Sexual Misconduct** is deleted.
- B. In the **DEFINITIONS** Section, the definition **"Wrongful Act(s)"** is amended and the following added:
"Wrongful act(s)" shall include "sexual misconduct".

Limits of Insurance applicable to the coverage provided by this endorsement shall be the sublimit shown in the Declarations for Sexual Misconduct under **COVERAGE D – PROFESSIONAL LIABILITY COVERAGE**, and subject to all terms and conditions of the policy.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



Additional Insured Endorsement

Name of Person or Organization

SAN FRANCISCO SHERIFF'S DEPARTMENT
CITY HALL 1 DR. CARLTON B
GOODLETT PL ROOM 456
SAN FRANCISCO CA 94102

The person or organization named above is an insured with respect to such liability coverage as is afforded by the policy but this insurance applies to said insured only as a person liable for the conduct of another insured and then only to the extent of that liability. We also agree with you that insurance provided by this endorsement will be primary for any power unit specifically described on the Declarations Page.

Limit of Liability

| | | |
|---------------------------------|---------------|---------------|
| Bodily Injury | each person/ | each accident |
| Property Damage | each accident | |
| Combined Liability 1,000,000.00 | each accident | |

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 2396595-3

Issued to (Name of Insured): LEADERS INCOMMUNITY

Effective date of endorsement: 02/09/2017

Policy expiration date: 09/14/2017

Form 1198 (01/04)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us. This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. Specific Waiver Name of person or organization **San Francisco Sheriff's Department, it officers, Agents, and employees**

 Blanket Waiver
 Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
2. Operations:
3. Premium

 The premium charge for this endorsement shall be _____percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. Minimum premium
5. Advance Premium

All other terms and condition of the policy remain unchanged.

(The information below is required to be completed only when this endorsement is issued subsequent to the policy effective date.)

Effective February 10, 2017, this endorsement forms part of Policy No.
902531915

Of

Issued to: Leaders in Community Alternatives, Inc.



AUTHORIZED REPRESENTATIVE