



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2023

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.

Table with columns for PRODUCER (License # 0F89850, G2 Insurance Services), CONTACT NAME, PHONE (415) 426-6600, FAX (415) 426-6601, INSURER(S) AFFORDING COVERAGE (Scottsdale, Employers Preferred, Trisura, Hudson Excess), and NAIC #.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Workers Compensation, Professional Liab, and Directors & Officers.

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: OPS1586143 (Claims-made)
Effective Date: September 1, 2022
Expiration Date: March 1, 2024
Retroactive Date: General Liability and Professional Liability (including Abuse) - September 1, 1988
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

Table with columns for CERTIFICATE HOLDER (City and County of San Francisco - San Francisco Sheriff's Department) and 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 signature).



ADDITIONAL REMARKS SCHEDULE

AGENCY G2 Insurance Services		License # 0F89850	NAMED INSURED San Francisco Pretrial Diversion Project 236 8th Street, Ste E San Francisco, CA 94103
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 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

Directors & Officers Liability:
Retention D&O: \$15,000
Retention EPLI: \$50,000

Technology Errors and Omissions Liability Full Program
Insurance Company - Trisura Specialty Insurance Company
Effective Date: July 14, 2023
Expiration Date: March 1, 2024
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 - Trisura Specialty Insurance Company
Policy Number: ATB-6707654-01
Effective Date: July 14, 2023
Expiration Date: March 1, 2024
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: OPS1586143

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.