



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/20/2020

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 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).

PRODUCER Pinnacle Brokers Insurance Solutions 2125 Ygnacio Valley Rd. Suite 200 Walnut Creek, CA 94598 www.pinnbrokers.com 0M93299	CONTACT NAME: Pinnacle Brokers Insurance Solutions PHONE (A/C No, Ext): 925-952-8680 E-MAIL ADDRESS: certs@pinnbrokers.com	FAX (A/C No): 925-952-8681	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED San Francisco Pretrial Diversion Project Inc. 236 8th Street Suite D & E San Francisco CA 94103	INSURER A: Scottsdale Insurance Company		41297
	INSURER B: Valley Forge Insurance Company		20508
	INSURER C: Navigators Insurance Company		42307
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 54207413

REVISION NUMBER:

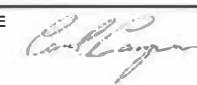
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/>		OPS1585610	9/1/2019	9/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OPS1585610	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	WC588099697	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability			OPS1585610	9/1/2019	9/1/2020	\$2,000,000; Aggregate/Each Claim Limit: \$1,000,000 Retention: D&C - \$10,000 Retention: EPLI - \$25,000
C	Directors & Officers Liability			NY19DOLV03527NV	9/13/2019	9/13/2020	

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

City and County of San Francisco, its officers, agents and employees are named additional insured per the attached endorsement.

CERTIFICATE HOLDER**CANCELLATION**

City and County of San Francisco Attn: Tessie Tina 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  Carl Canaparo

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ACORD 25 (2016/03)

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09/01/2019

09/01/2020

POLICY NUMBER: OPS1585610

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)

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.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
		San Francisco Pretrial Diversion Project	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 07 04:

City & County of San Francisco - San Francisco
 Sheriff's Department,
 1 Dr. Carlton B. Goodlett Pl. Suite #456
 San Francisco, CA 84102

Alameda County Superior Court
 c/o Lori Rodekohr
 661 Washington St.
 Oakland, CA 94607

CA Community Dispute Services
 Attn: Paula Bullock
 149 Natoma St., Suite #300
 San Francisco, CA 94102-4514

Superior Court of California
 Attn: Susan Patrick
 400 McAllister St., Room 205
 San Francisco, CA 94102-4514

City & County of San Francisco
 its officers, agents and employees
 850 Bryant St., Room 322
 San Francisco, CA 94103

The Office of District Attorney of George Gasco
 City and County of San Francisco
 850 Bryant St., Room 322
 San Francisco, CA 94103



SCOTTSDALE INSURANCE COMPANY[®]

**ENDORSEMENT
NO.**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
		San Francisco Pretrial Diversion Project	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person or Organization:

In consideration of the premium charged, the coverage afforded under the Coverage Part/Form is extended to the Person or Organization designated above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured. There is no coverage for the Person or Organization listed above for its sole negligence or any other negligence unless it is the negligence of the Named Insured and such negligence arises directly from the Named Insured's activities performed for the Additional Insured.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
		San Francisco Pretrial Diversion Project	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-59s (4-10):

City & County of San Francisco - San Francisco
 Sheriff's Department,
 1 Dr. Carlton B. Goodlett Pl. Suite #456
 San Francisco , CA 84102

CA Community Dispute Services
 Attn: Paula Bullock
 149 Natoma St., Suite #300
 San Francisco, CA 94102-4514

Superior Court of California
 Attn: Susan Patrick
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City & County of San Francisco
 its officers, agents and employees
 850 Bryant St., Room 322
 San Francisco, CA 94103

The Office of District Attorney of George Gasco
 City and County of San Francisco
 850 Bryant St., Room 322
 San Francisco, CA 94103

Pinnacle Brokers Insurance Solutions
2125 Ygnacio Valley Rd, Suite 200
Walnut Creek, CA 94598

MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline™**

City and County of San Francisco
Attn: Tessie Tina
1 Dr. Carlton B. Goodlett Place
City Hall Room 456
San Francisco CA 94102

Sender: Mary Montserrat

Phone: 925-952-8680

Subject: Cert No. 54207413 - Certificate of Liability: San Francisco Pretrial Diversion Project Inc. -

Date: 2/20/2020

No. of Pages: 6

URL: www.pinnbrokers.com

Hello

Attached please, find our renewal certificate of insurance.

Thank you

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THE MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE.