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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. 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).

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PRODUCER License # 0F89850	CONTACT NAME:				
G2 Insurance Services 1277 Treat Blvd, Suite 400	PHONE (A/C, No, Ext): (415) 426-6600	426-6601			
Walnut Creek, CA 94597	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Scottsdale Insurance Company				
INSURED	INSURER B: Employers Preferred Insurance	10346			
San Francisco Pretrial Diversion Project	INSURER C: Trisura Specialty Insurance Company				
236 8th Street, Ste E	INSURER D: Hudson Excess Insurance Comp	14484			
San Francisco, CA 94103	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. 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		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
		X CLAIMS-MADE OCCUR	X		OPS1586143	9/1/2022	3/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	Sexual Misconduct *						MED EXP (Any one person)	\$	5,000
	X	*\$250,000 Each Claim						PERSONAL & ADV INJURY	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						*Abuse Agg	\$	750,000
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			OPS1586143	9/1/2022	3/1/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
В	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	1	EIG5192300-00	00 3/1/2023	3/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Pro	fessional Liab			ATB-6707654-01	7/14/2023	3/1/2024	Aggregate		1,000,000
D	Dire	ectors & Officers			HFP-HE-NPP-8907	9/13/2022	3/1/2024	Limit		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: OPS1586143 (Claims-made) Effective Date: September 1, 2022

Effective Date: September 1, 2023 Expiration Date: March 1, 2024

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

Gelian Sictor

LOC #: 1

ACORD°

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Licen	se # 0F89850 N	
G2 Insurance Services	2:	San Francisco Pretrial Diversion Project 36 8th Street, Ste E
POLICY NUMBER	s	San Francisco, CA 94103
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	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;

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