

SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #30660

DATE
JAN 30 14

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate of Insurance naming City and County 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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement # effective 09/23/13 forms a part of Policy # CJ10017413
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 number: 023965950

Underwritten by:

United Financial Casualty Co.

01/31/2014

Certificate of Insurance

<u>Certificate Holder</u>	<u>Insured</u>	<u>Agent</u>
<u>Additional Insured</u> CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENT AND EMPLOYEES 1 DRIVE CARLTON B GOODLETT PLACE ROOM 456 SAN FRANCISCO CA 94102	LEADERS INCOMMUNITY ALTERNATIVES INC 1035 MARKET ST S #550	HYNOUS & TATRO INS 950 S BASCOM AVE 2118 SAN JOSE CA 95128

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date:	Policy Expiration Date:
09/11/2013	09/11/2014

<u>Insurance coverage(s)</u>	<u>Limits</u>
SING BODILY INJURY	
PROPERTY DAMAGE	\$1,000,000/ACCIDENT
HIRED AUTO (LIMITS SAME AS BI/PD)	\$1 MIL EACH OCC.
NON-OWNED AUTO LIAB (0-10 EMPLOYEES)	\$1 MIL EACH OCC.

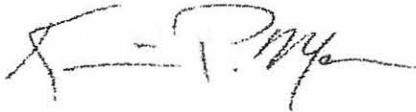
Description of Location/Vehicles/Special Items
Scheduled autos only

Certificate number

03114DT4595

"CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENT AND EMPLOYEES is a primary and non-contributory additional insured regardless of whether Holder is a named insured of any other policy."

Please be advised that additional insureds and lienholders will be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to read "F. P. Mye" with a long horizontal stroke extending to the right.

Form COI-AI

PRODUCER Phone: (408) 280-2100 Fax: (408) 280-2110
PROFESSIONAL INSURANCE ASSOC.
 P O BOX 1266
 SAN CARLOS CA 94070

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
LEADERS IN COMMUNITY ALTERNATIVES, INC
 1035 MARKET ST, STE 550
 SAN FRANCISCO CA 94103

Agency Lic#: 046757

INSURER A: **State Compensation Insurance Fund**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> 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				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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	9025319-13	09/23/13	09/23/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
		OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

Certificate of Insurance for 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

CERTIFICATE HOLDER

SAN FRANCISCO SHERIFF'S DEPT.
 CITY HALL
 1 DR. CARLTON B. GOODLETT PLACE, ROOM 456
 SAN FRANCISCO, CA 94102

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Jeff Tatrow

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 DEPT.
CITY HALL
1 DR. CARLTON B. GOODLETT PLACE, ROOM 456
SAN FRANCISCO. CA 94102**

 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 January 31, 2014, this endorsement forms part of Policy No. 9025319-13

Of

Issued to: Leaders in Community Alternatives, Inc
Endorsement No. 30661



AUTHORIZED REPRESENTATIVE