



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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	FAX (A/C, No): 925-952-8681
E-MAIL ADDRESS: certs@pinnbrokers.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Scottsdale Insurance Company		41297
INSURER B: State Compensation Insurance Fund		
INSURER C: Navigators Insurance Company		42307
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 60406891 **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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			OPS1585981	9/1/2020	9/1/2021	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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER			OPS1585981	9/1/2020	9/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
B	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	92928492021	3/1/2021	3/1/2022	<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
A	Professional Liability			OPS1585981	9/1/2020	9/1/2021	\$2,000,000; Aggregate/Each Claim Limit: \$1,000,000 Retention: D&O - \$10,000 Retention: EPLI - \$50,000
C	Directors & Officers Liability			NY20DOLV03527NV	9/13/2020	9/13/2021	

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

Evidence of Coverage

CERTIFICATE HOLDER San Francisco Sheriff's Dept. Attn: Mylan Luong 1 Dr. Carlton B. Goodlett Place City Hall 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 Carl Canaparo
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ACORD 25 (2016/03)

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POLICY NUMBER:

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 Chesa Boudin
 and the City and County of San Francisco
 350 Rode Island Street
 North Building, Suite 400N
 San Francisco, CA 94103

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS1585981	09/01/2020	San Francisco Pretrial Diversion Project	Negley Associates 29518

**COMMERCIAL GENERAL LIABILITY COVERAGE PART:
PROFESSIONAL LIABILITY COVERAGE PART:**

The following Name of Person or Organization is hereby amended on **CG 20 26 07 04 ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION** and **CLS-59s (4-10) ADDITIONAL INSURED (VICARIOUS)-DESIGNATED PERSON OR ORGANIZATION** to read:

Name of Person or Organization:

The Office of District Attorney Chesa Boudin
and the City and County of San Francisco
350 Rhode Island Street
North Building, Suite 400N
San Francisco, CA 94103

No Change in Premium



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
 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

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

San Francisco Sheriff's Dept.
Attn: Mylan Luong
1 Dr. Carlton B. Goodlett Place
City Hall Room 456
San Francisco CA 94102

MAIL DOCUMENT

Certificate of Insurance Delivery by ecertsonline™

Sender: Karissa Bonyai

Phone: 925-952-8680

Subject: Cert No. 60406891 - Certificate of Liability: San Francisco Pretrial Diversion Project Inc.

Date: 3/1/2021

No. of Pages: 7

URL: www.pinnbrokers.com

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