

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/17/2023

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 the certificate holder is lieu of such as decomposition.

If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the subject					re an endorsement. A sta	atement o	nc
PRODUCER	CONTACT Rebecca Bradhurst CISR						
Church & Casualty Ins Agency Inc	PHONE (900) 005 7525 FAX (900) 005 7524						
3440 Irvine Ave	I E-MAIL hookin@ooin.com						
			ADDRESS: Decr		ORDING COVERAGE		NAIC#
Newport Beach	INSURER A: Chi	100	18767				
INSURED	INSURER B :						
^ <u>^                                  </u>	JA.	700	INSURER C:				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	INSURER D:						
<i>&gt;</i>	INSURER E :						
OAKLAND	INSURER F :						
COVERAGES CERT	IFICATE NUMBI	R:			REVISION NUMBER:		<u> </u>
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLINSR TYPE OF INSURANCE	EMENT, TERM OR IN, THE INSURANC	CONDITION OF ANY CE AFFORDED BY TH	CONTRACT OR C	THER DOCUMENT RIBED HEREIN IS AID CLAIMS. EFF   POLICY EXP	WITH RESPECT TO WHICH SUBJECT TO ALL THE TERM	THIS IS,	$\geq$
COMMERCIAL GENERAL LIABILITY	N N	7	74		EACH OCCURRENCE	\$ 2,00	0,000
CLAIMS-MADE X OCCUR	/ /			1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	0,000
A	1	A /	N A	A.	MED EXP (Any one person)	\$ 15,0	00
Α	Y		06/15/2	023 06/15/2024		\$ 2,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:		)	3	3	GENERAL AGGREGATE	\$ 5,00	0,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
OTHER:				2 -		\$	
AUTOMOBILE LIABILITY				N	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000
ANY AUTO			7		BODILY INJURY (Per person)	\$	
A OWNED SCHEDULED AUTOS			06/15/	06	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		/\ /		1	PROPERTY DAMAGE (Per accident)	\$	
	S N		34	1		\$	
UMBRELLA LIAB OCCUR	1 1	7	1	/	EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE	et e				AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION	0 2 2	1000	100 D	0.2000	PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y/N	200	, }	7	7	→ PER OTH- STATUTE ER	1.00	0,000
	N/A		02/08/2	023 02/08/2024		1.00	0,000
(Mandatory in NH)  If yes, describe under	1	A 1		A	E.L. DISEASE - EA EMPLOYEE	4.00	0,000
DÉSCRIPTION OF OPERATIONS below	C C		8		E.L. DISEASE - POLICY LIMIT	\$ 1,00	<del>0,000</del>
			7	34	3	>	
	200 0 92 0 0 00	172 375 31		180 0 00 00	20	180	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD 101 Addit	ional Remarks Schedule	may be attached if n	nore snace is required	1)	1	N. 3755
Evidence of insurance for of Oakland, its councilmembers, directors, officer Named Insured on the above described premises attached A267.1 Blanket Additional Insured Endo EXCLUDED: Catering and Vendor Companies are	s, employees, ages. All activities/ope orsement. **Refer	ents, and volunteers a rations not specificall to attached A2014 Ac	are named addition	nal insured only wi	The C th respect to the activities of	the	
CERTIFICATE HOLDER	A.	Α	CANCELLATION	ON A	A A		A
City of Oakland Special Activities Division 1 Frank Ogawa Plaza	> >	>	SHOULD ANY THE EXPIRAT	OF THE ABOVE D ION DATE THERE E WITH THE POLIC	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVE CY PROVISIONS.		) BEFORE

Oakland

CA 94612

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY

This endorsement modifies insurance provided under the General Liability Coverage Part.

The following is added to the General Liability Additional Provisions Form.

lame: <u>⊤</u>	he City of Oakland	its council me	embers, director	s,	>	>	>
0	fficers, employees,	agents, and v	olunteers.		-	· ^	_
- ddress:	1 Frank Ogawa	Plaza	>	>	>	>	>
1	\ A		-	-^	_^	-	^
>	Oakland City	>	<del>&gt;</del>	$\rightarrow$	Sta		2
ctivity:	<b>\</b>						
ate(s):	August 5, 2023	>	>	>	>	>	>

## A. ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY

1. Paragraph C., Who is An Insured, is amended to include the person(s) or organization(s) shown above, but only with respect to "bodily injury," "property damage," personal injury," and "advertising injury" liability, and only with respect to operations of the Named Insured that are directly related to the activity shown above during the dates shown above.