CERTIFICATE OF COVERAGE								6/30/2023
PRODUCER				THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE 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				
Alliant Insurance Services, Inc. 560 Mission Street, 6th Floor San Francisco CA 94105				MEMORANDUM(S) OF COVERAGE BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE				
Gailt Hallologe St. (5 1165				CERTIFICATE HOLDER. IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PARTY, THE				
				MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).				
NAMED COVERED PARTY				IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE				
CSU, Los Angeles Corporate Yard (CY) Building, Room 244 5151 State University Drive				MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT ON THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).				
Los Angeles CA 90032				PROGRAM AFFORDING COVERAGE				
				A: CSURMA				
				B:				
				C:				
COVERAGES								
THIS IS TO CERTIFY THAT THE COVERAGE IS AFFORDED TO THE ABOVE NAMED MEMBER, AS PROVIDED BY THE MEMORANDUM(S) OF COVERAGE, FOR THE PERIOD SHOWN BELOW, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE PROGRAM DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUM(S) OF COVERAGE. THE FOLLOWING COVERAGE IS IN EFFECT.								
JPA LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER		RAGE EFFECTIVE TE (MM/DD/YY)	COVERAGE EXPIRATION DATE (MM/DD/YY)	LIMITS		
Α	GENERAL LIABILITY	CSURMA-LIAB-2324		7/1/2023	7/1/2024	EACH OCCURRE	NCE	\$2,000,000
	COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (A	ny one fire)	\$ 2,000,000
	CLAIMS MADE X OCCUR					MED EXPENSE (Any one person) \$ Excluded		\$ Excluded
	X Contractual Liab					PERSONAL & ADV INJURY \$ 2,000,000		\$ 2,000,000
	X SIR \$250,000					GENERAL AGGREGATE \$4,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$ 4,000,000
	X MEMOR- ANDUM PROJECT LOC					Sexual Abuse		\$2,000,000
	AUTOMOBILE LIABILITY					COMBINED SING (Ea accident)	LE LIMIT	\$
	ANY AUTO ALL OWNED AUTOS					(Lu dooidoill)		\$
	SCHEDULED AUTOS							
	HIRED AUTOS							
	NON-OWNED AUTOS							
А	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	CSURMA-WC-2324		7/1/2023	7/1/2024	X WC STATUTORY LIMITS	OTHER	
ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER						E.L. EACH ACCID	ENT	\$ 1,000,000
	EXCLUDED? IF YES, DESCRIBED UNDER SPECIAL					E.L. DISEASE – E	A EMPLOYEE	\$ 1,000,000
	PROVISION BELOW					E.L. DISEASE - P	OLICY LIMIT	\$ 1,000,000
	OTHER							
	OTHER		\vdash					
	OTHER							
DESCR	IPTION OF OPERATIONS/LOCATIONS/VEHICL	ES/EXCLUSIONS ADDED BY	ENDOR!	SEMENT/SPECIAL/F	PROVISIONS			
Note: Workers' Compensation Coverage is provided as evidence only. Cedars-Sinai Medical Center and its directors, officers, agents and employee are named as additional covered parties as respects the Amendment No. 10 to Student Affiliation Agreement No. 6712-0159 for Speech Language Pathology Program to obtain clinical experience. Term of Agreement: March 20, 2013 - March 31, 2025.								
CERTIFICATE HOLDER CANCELLATION								

Cedars-Sinai Medical Center, Physical Medicine and Rehabilitation Attn: Hugh Cooper 8700 Beverly Blvd., 7215 Los Angeles CA 90048

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUM(S) OF COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUM(S) OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE Janiel J. Howell