CERTIFICATE OF COVERAGE	DATE (MM/DD/YYY) 6/30/2023	Y)
Alliant Insurance Services, Inc. 560 Mission Street, 6th Floor San Francisco CA 94105 NAMED COVERED PARTY CSU, Los Angeles Corporate Yard (CY) Building, Room 244 5151 State University Drive Los Angeles CA 90032	THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE ONLY AND CONFERS NO RIG UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY MEMORANDUM(S) OF COVERAGE BELOW.	
	THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND CERTIFICATE HOLDER.	
	IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PARTY, MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CERTIFIC DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SU	CATE
	ENDORSEMENT(S). IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SI	I ON
	ENDORSEMENT(S). PROGRAM AFFORDING COVERAGE	
	A: CSURMA	
	В:	
	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. COVERAGE EFFECTIVE DATE (MM/DD/YY) COVERAGE EXPIRATION DATE (MM/DD/YY) JPA TYPE OF COVERAGE MEMORANDUM NUMBER LIMITS LTR А GENERAL LIABILITY CSURMA-LIAB-2324 7/1/2023 7/1/2024 EACH OCCURRENCE \$2,000,000 COMMERCIAL GENERAL LIABILITY FIRE DAMAGE (Any one fire) \$ 2,000,000 CLAIMS MADE X OCCUR MED EXPENSE (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 Х Contractual Liab GENERAL AGGREGATE \$ 4,000,000 Х SIR \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS-COMP/OP AGG \$4,000,000 MEMOR-PROJECT х LOC Sexual Abuse \$2,000,000 AUTOMOBILE LIABILITY \$ COMBINED SINGLE LIMIT (Ea accident) ANY AUTO \$ ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS WC STATUTORY LIMITS CSURMA-WC-2324 7/1/2023 7/1/2024 А Х OTHER WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/ E.L. EACH ACCIDENT \$ 1,000,000 EXECUTIVE/OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 IF YES, DESCRIBED UNDER SPECIAL **PROVISION BELOW** E.L. DISEASE - POLICY LIMIT \$ 1,000,000 OTHER OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS

Note: Workers' Compensation Coverage is provided as evidence only. Cedars-Sinai Medical Center and its directors, officers, agents and employees is named as additional covered parties as respects the Student Affiliation Agreement No. 6721-0293CA for Internship Program. Term of Agreement: May 1, 2022 - May 1, 2024.

CERTIFICATE HOLDER	CANCELLATION
Cedars-Sinai Medical Center, Attn: Paralegal, Risk Management 8700 Beverly Boulevard, TSB 130 Los Angeles CA 90048-1865	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 David I. Howele