CERTIFICATE OF COVERAGE								(MM/DD/YYYY) /30/2023
Alliant Insurance Services, Inc.				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 MEMORANDUM(S) OF COVERAGE BELOW.				
560 Mission Street, 6th Floor San Francisco CA 94105				THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE 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				
NAMED COVERED PARTY				ENDORSEMENT(S).				
CSU, Los Angeles Corporate Yard (CY) Building, Room 244 5151 State University Drive				IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE 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	COVERAGE EFF DATE (MM/DI		COVERAGE EXPIRATION DATE (MM/DD/YY)	LIN	MITS	
Α	GENERAL LIABILITY	CSURMA-LIAB-2324	7/1/2023		7/1/2024	EACH OCCURRENCE		\$2,000,000
	COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (Any one fi		\$ 2,000,000
	CLAIMS MADE X OCCUR					MED EXPENSE (Any one		\$ Excluded
	X Contractual Liab					PERSONAL & ADV INJUR	Υ	\$ 2,000,000
	X SIR \$250,000					GENERAL AGGREGATE	20	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X MEMOR- ANDUM PROJECT LOC					PRODUCTS-COMP/OP AC	<b>J</b> G	\$ 4,000,000
	AUTOMOBILE LIABILITY					Sexual Abuse		\$2,000,000 \$
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)		\$
	ALL OWNED AUTOS							Ψ
	SCHEDULED AUTOS							
	HIRED AUTOS							
	NON-OWNED AUTOS							
Α	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 ACCIDENT		\$ 1,000,000
	EXCLUDED? IF YES, DESCRIBED UNDER SPECIAL					E.L. DISEASE – EA EMPLO	OYEE	\$ 1,000,000
	PROVISION BELOW					E.L. DISEASE - POLICY L	IMIT	\$ 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. Evidence of coverage as respects the Clinical Education Agreement for clinical instruction and training programs. Evidence of Professional Liability is included in General Liability Coverage. Students are excluded from Professional Liability Coverage.								

## CERTIFICATE HOLDER

Citrus Valley Medical Center Education Department 210 W. San Bernardino Road, Box 6108 Covina CA 91722-5108

## CANCELLATION

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 Jamel J. Howell