CERTIFICATE OF COVERAGE							TE (MM/DD/YYYY) 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 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). 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 OCCURRENCE	\$2,000,000
	COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (Any one fire)	\$ 2,000,000
	CLAIMS MADE X OCCUR					MED EXPENSE (Any one perso	n) \$ Excluded
	X Contractual Liab					PERSONAL & ADV INJURY	\$ 2,000,000
	X SIR \$250,000					GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS-COMP/OP AGG	\$ 4,000,000
	X MEMOR- ANDUM PROJECT LOC					Sexual Abuse	\$2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$
	ANY AUTO					(Ea accident)	\$
	ALL OWNED AUTOS						
	SCHEDULED AUTOS						
	HIRED AUTOS NON-OWNED AUTOS						
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	CSURMA-WC-2324		7/1/2023	7/1/2024	X WC STATUTORY LIMITS OTHE	R
	ANY PROPRIETOR/PARTNER/					E.L. EACH ACCIDENT	\$ 1,000,000
	EXECUTIVE/OFFICER/MEMBER EXCLUDED?					E.L. DISEASE – EA EMPLOYEE	
	IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
						E.E. DIGEAGE - FOLICT 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. The County of Los Angeles, its officers, agents, employees and volunteers are named as additional covered parties as respects the Agreement between CSU, Los Angeles and County of Los Angeles for Community Family Preservation Network Services. Evidence of Professional Liability is included in General Liability.							
CERTIFICATE HOLDER CANCELLATION							

County of Los Angeles Department of Children and Family Services 425 Shatto Place, Room 205 Los Angeles CA 90020

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 Juil J. Howell