CERTIFICATE OF COVERAGE		DATE (MM/DD/YYYY) 6/30/2023		
PRODUCER Alliant Insurance Services, Inc.	THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE ONLY AND CONFERS NO UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIV NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED I MEMORANDUM(S) OF COVERAGE BELOW.			
560 Mission Street, 6th Floor San Francisco CA 94105	THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE CERTIFICATE HOLDER.			
	IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PAR MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CER DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF ENDORSEMENT(S). IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS	IENT ON THIS CERTIFICATE		
NAMED COVERED PARTY				
CSU, Los Angeles Corporate Yard (CY) Building, Room 244	MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REC THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICAT ENDORSEMENT(S).			
5151 State University Drive	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) JPA LTR COVERAGE EXPIRATION DATE (MM/DD/YY) TYPE OF COVERAGE MEMORANDUM NUMBER LIMITS

A	GENERAL LIA	BILITY		CSURMA-LIAB-2324	7/1/2023	7/1/2024	EACH OCCURRENCE	\$2,000,000
	COMMER	CIAL GENERAL LIA	BILITY				FIRE DAMAGE (Any one fire)	\$ 2,000,000
	CLAIMS MADE X OCCUR					MED EXPENSE (Any one person)	\$ Excluded	
	X Contractual Liab					PERSONAL & ADV INJURY	\$ 2,000,000	
	X SIR \$250,000					GENERAL AGGREGATE	\$ 4,000,000	
	GEN'L AGGRE	GATE LIMIT APPLI	ES PER:				PRODUCTS-COMP/OP AGG	\$ 4,000,000
	X MEMOR- ANDUM	PROJECT	LOC				Sexual Abuse	\$2,000,000
	AUTOMOBILE	LIABILITY	-				COMBINED SINGLE LIMIT	\$
	ANY AUT	C					(Ea accident)	\$
	ALL OWN	ED AUTOS						
	SCHEDUI	ED AUTOS						
	HIRED AL	ITOS						
	NON-OW	NED AUTOS						
A	WORKERS' C EMPLOYERS	OMPENSATION AN	D	CSURMA-WC-2324	7/1/2023	7/1/2024	X WC STATUTORY LIMITS	
A	WORKERS' C EMPLOYERS ANY PROPRIE	OMPENSATION AN LIABILITY TOR/PARTNER/	D	CSURMA-WC-2324	7/1/2023	7/1/2024	STATUTORY	\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/C EXCLUDED?	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER		CSURMA-WC-2324	7/1/2023	7/1/2024		\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/C EXCLUDED?	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	LIMITS	
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/O EXCLUDED? IF YES, DESC PROVISION BI	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/C EXCLUDED? IF YES, DESC	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/O EXCLUDED? IF YES, DESC PROVISION BI	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/O EXCLUDED? IF YES, DESC PROVISION BI OTHER	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ 1,000,000
A	WORKERS' C EMPLOYERS ANY PROPRIE EXECUTIVE/O EXCLUDED? IF YES, DESC PROVISION BI	DMPENSATION AN LIABILITY TOR/PARTNER/ FFICER/MEMBER RIBED UNDER SPE		CSURMA-WC-2324	7/1/2023	7/1/2024	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS

Note: Workers' Compensation Coverage is provided as evidence only. Professional Liability is included in General Liability.

Evidence of coverage as respects the Amendment No. 1 to Memorandum of Understanding No. PH-004638 for Department of Public Health Vaccine Administration Program during the policy period.

CERTIFICATE HOLDER	CANCELLATION
County of Los Angeles - Department of Public Health, Attn: Jennifer Rivera Assistant Nursing Director, Administration 241 N. Figueroa Street	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 Hund I. Howell