CERTIFICATE OF COVERAGE							ATE (MM/DD/YYYY) 6/30/2023
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  COVERAGES				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.  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 ENDORSEMENT(S).  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).  PROGRAM AFFORDING COVERAGE  A: CSURMA  B:  C:			
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 W 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 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		AGE EFFECTIVE (MM/DD/YY)	COVERAGE EXPIRATION DATE (MM/DD/YY)	LIMITS	
X X X A A A E E E I I P	SIR \$250,000 EN'L AGGREGATE LIMIT APPLIES PER:	CSURMA-LIAB-2324  CSURMA-WC-2324		7/1/2023	7/1/2024	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXPENSE (Any one pers PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG Sexual Abuse COMBINED SINGLE LIMIT (Ea accident)  X WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE – POLICY LIMIT	\$ 2,000,000 \$ 4,000,000 \$ 4,000,000 \$ 2,000,000 \$ \$ \$ \$ \$ \$ \$ 1,000,000 E \$ 1,000,000
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS  Note: Workers' Compensation Coverage is provided as evidence only.  County of Orange Social Services Agency, its elected and appointed officials, officers, agents, and employees are named as additional covered parties as respects the Memorandum of Understanding No: CCJ1319 for the Provision of Fieldwork Experience. Term of Agreement: July 1, 2020 - June 30, 2025.  CERTIFICATE HOLDER  CANCELLATION							
County of Orange Social Services Agency Contracts and Procurement Services 500 N. State College, Suite 100				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.			
Orange CA 92868				AUTHORIZED REPRESENTATIVE			

AUTHORIZED REPRESENTATIVE Juil J. Howell