CERTIFICATE OF COVERAGE		DATE (MM/DD/YYYY) 6/30/2023
PRODUCER Alliant Insurance Services, Inc. 560 Mission Street, 6th Floor San Francisco CA 94105	THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE ONLY UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAG MEMORANDUM(S) OF COVERAGE BELOW.	NOT AFFIRMATIVELY OR
	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	S AND CONDITIONS OF THE
CSU, Los Angeles Corporate Yard (CY) Building, Room 244 5151 State University Drive Los Angeles CA 90032	MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT O THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUC 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 \$2,000,000 Sexual Abuse 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.

Evidence of coverage as respects Affiliation Agreement between Loma Linda University Medical Center and CSU Los Angeles. Evidence of Professional Liability is included in General Liability. Students are excluded from Professional Liability coverage.

CERTIFICATE HOLDER	CANCELLATION
Loma Linda University Medical Center 11234 Anderson Street Loma Linda CA 92354	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 Howell