

CERT CATE OF LIABILITY INSUR/ 'CE

DATE (MM/DD/YYYY) 10/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION 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 POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this	cei	rtificate does not confer rights to	the	certi	ficate holder in lieu of such e	ndorsement(s).			
PRODU	Same.				510-5440 CON	TACT E:			
Suhr Ri	sk Se	ervices			PHO	NE 408-51	0-5440	(A/C, No):	
San Jos	se, C/	s Creek Blvd. A 95129			E-MA ADD	IL RESS:			
John B.	. Sun	r, MS, CPCU, CRM, C					URER(S) AFFOR	DING COVERAGE	NAIC#
		2.0		1	INSU	RER A : Nonprofits	ns. Alliance of C	Α	10023
MOUD		78 a			INSU	RER B : Zurich Ame	rican Insurance	Co.	16535
INSURI	ED			INSURER C : Fidelity & Deposit Company					39306
-	-			1	INSU	RER D:			
					INSU	RER E :			, , , , , , , , , , , , , , , , , , , ,
		100 S.J. 400			INSU	RER F :			,
COV	ED/	AGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:	74
THI	S IS	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	OF	NSUF REMEI	RANCE LISTED BELOW HAVE B NT, TERM OR CONDITION OF A THE INSURANCE AFFORDED B	Y THE POLICIES	S DESCRIBED PAID CLAIMS.	JOCOMENI WITH RESPECT IN	J WITHOUT TITLE
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	not love with the	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY					-	EACH OCCURRENCE \$	1,000,000
	-	CLAIMS-MADE X OCCUR	v		201728735NPO	10/01/2017	10/01/2018	DAMAGE TO RENTED PREMISES (Fa occurrence) \$	500,000

A	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		201728735NPO	10/01/2017	10/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	_	Servino in lea	^			1.77.4.444.7.15		MED EXP (Any one person)	\$	20,000
	x	See Other Cov's	l ,					PERSONAL & ADV INJURY	\$	1,000,000
	-	W ACCRECATE LIMIT APPLIES DED.					3	GENERAL AGGREGATE	\$	3,000,000
	GEI	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
i		OTHER:							\$	
Α	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	х	k	201728735NPO	10/01/2017	10/01/2018	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	1					BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY		,		1		PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONET							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	3,000,000
8.6		EXCESS LIAB CLAIMS-MADE	Х		201728735UMBNPO	10/01/2017	10/01/2018	AGGREGATE	\$	3,000,000
		DED X RETENTION\$ 10,000			1934			PARTICIPATION OF THE PARTICIPA	\$	No.
В	wo	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-		
	10000	PROPRIETOR/PARTNER/EXECUTIVE 7/N		X	WC008640102	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	\$	1,000,000
	OFF (Ma	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	D&				201728735DONPO	10/01/2017	10/01/2018	Per Occ		1M
С	EED	lishonesty/Crime			CCP005821614	10/31/2017	10/31/2018	Limit		2M/25K
			1	1			1		I	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All California Operations of the Named Insured.
The City of Berkeley, its officers, agents, volunteers and employees are named as additional insured per attached endorsement CG2026.
Services will be provided for the City of Berkeley under contract #010586

	CERT	TIFICAT	TE HO	LDER
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CITYOB2

CANCELLATION

City of Berkeley **Housing and Community Services** 2180 Milvia Street, 2nd Floor Berkeley, CA 94704

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

The City of Berkeley, its officers, employees, agents, and volunteers

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A: Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

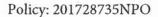
- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

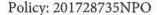
In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

The City of Berkeley, its officers, employees, agents, and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

The City of Berkeley, its officers, employees, agents, and volunteers

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.

NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT

This endorsement is used to add the following to Part Six of the policy.

PART SIX CONDITIONS

- A. If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B. If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C. If notice as described in Paragraphs A. or B. of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

Name and Address of Other Person(s) / Organization(s):						
THE CITY OF BERKELEY, ITS OFFICERS, AGENTS, VOLUNTEERS	AND	30				
EMPLOYEES HEALTH						
HOUSING AND COMMUNITY SERVICES						
2180 MILVIA STREET, 2ND FLOOR						
BERKELEY						
CA 94704	5					

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No. WC008640102

Endorsement No. Premium \$

Insurance Company: ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be mium otherwise due on such remuneration.

% of the California workers' compensation pre-

Person or Organization
THE CITY OF
BERKELEY, ITS
OFFICERS, AGENTS,
VOLUNTEERS AND
EMPLOYEES HEALTH,
HOUSING AND
COMMUNITY SERVICES
DEPARTMENT
PUBLIC HEALTH
DIVISION

Schedule Job Description