In /

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2020

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Michelle Gonzalez PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. PHONE [A/C, No. Ext]: 818-539-8630 E-MAIL ADDRESS: Michelle Gonzalez@ajg.com FAX (A/C, No): 505 N Brand Blvd, Suite 600 Glendale CA 91203 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Nonprofits' Insurance Alliance of CA License#: 0726293 INSURED WAYMAKE-01 INSURER B: Service American Indemnity Company Waymakers INSURER C: 1221 E. Dyer Road, Suite 120 Santa Ana, CA 92705 INSURER D : INSURER E INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER: 1233929237 COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. IADDLISUBR POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 202012069NPO 10/1/2020 10/1/2021 EACH OCCURRENCE DAMAGE TO RENTED \$1,000,000 CLAIMS-MADE X OCCUR \$ 500,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 X POLICY PRODUCTS - COMP/OP AGG JECT \$3,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 **AUTOMOBILE LIABILITY** 202012069NPO 10/1/2020 10/1/2021 ANY AUTO BODILY INJURY (Per person) X SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X X X UMBRELLA LIAB 202012069UMB 10/1/2020 10/1/2021 \$10,000,000 X A **EACH OCCURRENCE** OCCUR EXCESS LIAB AGGREGATE \$10,000,000 CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10/1/2020 10/1/2021 X PER STATUTE SATIS0352400 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory in NH) E.L. EACH ACCIDENT \$1,000,000 NIA E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 \$1,000,000 \$1,000,000 Limit Per Claim Aggregate Fiduciary Professional Liab. 202012069DO 202012069NPO 10/1/2020 10/1/2021 10/1/2021 \$3,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

APPROVED AS TO FORM Policy: Improper Sexual Conduct Policy#: 202012069NPO Polley term: 10/1/2020 to 10/1/2021 Carrier: Nonprofits' Insurance Alliance of CA Per Claim: \$1,000,000, Aggregate: \$1,000,000 By: MICHAEL E. GATES CITY ATTORNEY Policy: Excess Liability Policy #: HS2018210203 See Altached... CITY OF HUNTINGTON BEACH CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Huntington Beach Police Department 2000 Main St AUTHORIZED REPRESENTATIVE

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Huntington Beach CA 92649

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ADDITIONAL REMARKS SCHEDULE AGENCY Arthur J. Gallagher & Co. POLICY NUMBER CARRIER NAIC CODE EFFECTIVE DATE: ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE POlicy term: 10/1/2020 to 10/1/2021 Carrier: Capitol Specially Insurance Co. Carrier: Capitol Specially Insurance Co. Carrier: Capitol Specially Insurance Co. S5,000,000 limit over NIAC Policy #202012069UMB Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845 RE: Diversion Program. City of Huntington Beach, ils elected or appointed officials, agents, officers, employees, and volunteers are named additional insured with respect to the operations of the named insured per the attached Form NIAC-E61 02 19 that provides Additional Insurance, Primary & Non-Contributory for		AGEN	CY CUSTOMER ID: WAYMAKE-01	
ARBINOY APITHON JOBIlogher & Co. APITHON JOBIlogher & Co. ARRIER ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 26 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 26 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 27 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 28 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 29 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 29 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 20 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 20 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 20 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 21 THE ADDRESS AND ARRIVED TO ACORD FORM, FORM NUMBER: 21 THE ADDRESS AND ARRIVED TO ACORD FORM, FORM NUMBER: 22 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 21 THE ADDRESS AND ARRIVED TO ACORD FORM, FORM NUMBER: 22 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 23 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE PORT OF WIND PROPERTY AND ARRIVED TO ACORD FORM, FORM NUMBER: 24 FORM TITLE TO ACORD FORM TO ACORD FOR	ACORD [®] ADDITIONAL	_ REMA	RKS SCHEDULE	Page 1 of 1
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ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE Policy Item: 101/2020 to 101/2021 Generic Caylol Specially Insurance Co. Sp. 000/200 limit over NIAC Falloy #202012060UMB Nonprofils' Insurance Allianno of CA - AM. Best #: 011845 RED Diversion Program. City of Hurbington Besch, its elected or appointed officials, agents, officers, employees, and volunteers are named additional insured. Public Entities. Beresion Program of the named insured per the allached Form NIAC-E91 02 19 that provides Additional Insurance, Primary & Non-Contributory for Public Entities.	POLICY NUMBER		Santa Ana, CA 92705	
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THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM MUMBER: 25 FORM TITLE; CERTIFICATE OF LIABILITY INSURANCE Policy term: 01/12/2021 to 101/12/2021 to 101/12	ADDITIONAL REMARKS		EFFECTIVE DATE:	
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Nonprofits' insurance Alliance of CA - A.M. Best #: 011845 RE: Diversion Program. City of Huntington Beach, its elected or appointed officials, agents, officers, employees, and volunteers are named additional insured with respect to the operations of the named insured per the attached Form NIAC-E61 02 19 that provides Additional Insurance, Primary & Non-Contributory for Public Entitles.	FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	LIABILITY IN	SURANCE	
Nonprofits' insurance Alliance of CA - A.M. Best #: 011845 RE: Diversion Program. City of Huntington Beach, its elected or appointed officials, agents, officers, employees, and volunteers are named additional insured with respect to the operations of the named insured per the attached Form NIAC-E61 02 19 that provides Additional Insurance, Primary & Non-Contributory for Public Entitles.	Policy term: 10/1/2020 to 10/1/2021 Carrier: Capitol Specially Insurance Co. 155 000 000 limit over NIAC Policy #20/20120601 IMB			
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POLICY NUMBER: 2020-12069

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of Huntington Beach Police Department

2000 Main St

Huntington Beach CA 92649

A. Section II - WHO IS AN INSURED is amended to include:

- 4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. 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.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - 8. The limits of insurance applicable to the public entity and applicable Individuals Identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or



POLICY NUMBER: 2020-12069

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

NIAC-E61 02 19 Page 2 of 2

COMMERCIAL GENERAL LIABILITY
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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.

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
 - 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.

 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.

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		<u>:</u> ;



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2020

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.

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If SUBROGATION IS WAIVED, subje- this certificate does not confer rights	t to th	ie ter	ms and conditions of th	e polici	y, certain po	olicles may r	equire an endorsement	A sta	tement on
PRODUCER				CONTAC NAME:	T Michelle G	onzalez		ALC: NO.	
Arthur J. Gallagher & Co.				PHONE	Eur. 818-539	9-8630	(A/C, No):		
Insurance Brokers of CA., Inc.				E-MAIL	- Michelle	9-8630 Gonzalez@a	ia com		
505 N Brand Blvd, Suite 600 Glendale CA 91203				ADDRES					NAIG#
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			License#; 0726293 WAYMAKE-01						
INSURED Waymakers			WY I WINICE OI	INSURE	B: Service	American Inde	emnity Company		
1221 E. Dyer Road, Suite 120				INSURE	RC:				
Santa Ana, CA 92705				INSURE	RD:				
				INSURE	RE:		,		
				INSURE	RF:				
			NUMBER: 433090098				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC	REQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	' CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
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3	_			-			MED EXP (Any one person)	\$20,000	
				1			PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	-	1					GENERAL AGGREGATE	\$3,000	,000
X POLICY PAO. LOC							PRODUCTS - COMP/OP AGG	\$3,000	.000
OTHER:								\$	
A AUTOMOBILE LIABILITY			202012069NPO		10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
X ANY AUTO							BODILY INJURY (Per person)	\$	
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OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
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Jogramount)E						AGGREGATE	\$ 10,00	0,000
B WORKERS COMPENSATION	+-	1	SATIS0352400		10/1/2020	10/1/2021	X PER OTH-	-	
AND EMPLOYERS' LIABILITY	y l		OATTOUD STORE	1	10,112020	,	E.L. EACH ACCIDENT	\$1,000	000
ANYPROPRIETORIPARYNER/EXECUTIVE OFFICER/MEMBEREXCUDED? (Mandatory in NH)						E.L. DISEASE · EA EMPLOYEE			
(Mandalory In NH) If yos, describe under DESCRIPTION OF OPERATIONS below								\$ 1,000	
	-	+-	0000400000		10/1/2020	10/1/2021	Limit E.L. DISEASE - POLICY LIMIT		00.000
A Fiduciary Professional Liab.			202012069DO 202012069NPO		10/1/2020	10/1/2021	Per Claim Aggregate	\$1,00	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Policy: Improper Sexual Conduct Policy#: 202012069NPO APPROVED AS TO FORM									
Carrier: Nonprofits' Insurance Alliance of CA Per Claim; \$1,000,000, Augregate; \$1,000,000									
Nonprofits' Insurance Alliance of CA - A.M. Best #: 011845 RE: Diversion Program. City of Huntington Beach, its elected or appointed officials, agents, officers, employees, and volking at TORNEY See Attached CITY OF HUNTINGTON SEED TO									
CERTIFICATE HOLDER CANCELLATION									
City of Huntington Beacl	Polic	e De	partment	THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.	ANCELI BE DE	LED BEFORE LIVERED IN
2000 Main St Huntington Beach CA 92		3	• One and a supplementation of the supplement		HIZED REPRESE	ENTATIVE			
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Waymakers 1221 E. Dyer Road, Sulte 120	
	POLICY NUMBER		Santa Ana, CA 92705
	CARRIER	NAIC CODE	
			EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

with respect to the operations of the named insured per the attached Form NIAC-E61 02 19 that provides Additional Insurance, Primary & Non-Contributory for Public Entities. Endorsement to follow.