

DATE (MM/DD/YYYY) 05/29/2021

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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.

Оре	DDUCER en Door Ins Services, Inc.	70	7-874-2666	CONTACT Angela Gianni PHONE (A/C, No, Ext): 707-874-2666 FAX (A/C, No, Ext): 707-874-1233						
P.O Occ	. Box 428 cidental, CA 95465			E-MAIL	angela@	opendoori	(A/C, NO):			
Ang	gela Gianni			ADDRESS:			DING COVERAGE		NAIC #	
				INSURER A			nce Alliance		10023	
INSU	JRED Ross Conservancy			INSURER B	State C	omp. Ins. F	und	;	35076	
1900	05 Coast Hwy 1			INSURER C						
Jen	ner, CA 95450			INSURER D						
				INSURER E	:					
				INSURER F	:					
CO	VERAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REJERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVI	N OF ANY C DED BY TH E BEEN REI	CONTRACT E POLICIE DUCED BY	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO V O ALL T	WHICH THIS	
A		ADDL SUBI	POLICY NUMBER	(M)	OLICY EFF M/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		2024 02625	0	0/0.4/0.004	06/24/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	CLAIMS-IMADE X OCCUR	X	2021-02635	06	0/24/2021	06/24/2022		\$	20,000	
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						TROBUSTO COMITOT ACC	\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO		2021-02635	06	06/24/2021	06/24/2022	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
ь	DED RETENTION \$						V PER OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		1289018-21	0.4	1/01/2021	01/01/2022	X PER OTH- STATUTE ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1203010-21		170 17202 1	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
Α	DÉSCRIPTION OF OPERATIONS below Liquor Liab		2021-02635	06	6/24/2021	06/24/2022	E.L. DISEASE - POLICY LIMIT EaOcc/Agg	\$	\$1M/\$1M	
							33		, .,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	dule, may be at	ttached if mor	e space is requir	red)	ı		
RE:	Cooperative Association Agreen	nent - Fu	ınding				,			
The nan	e State of California, its officers, a ned as Additional Insured per the	gents, e	mployees and servant	ts are						
	до глашно на посето в рог на									
CE	RTIFICATE HOLDER			CANCE	LLATION					
							ESCRIBED POLICIES BE CA			
	California State Parks	n Div					CY PROVISIONS.			
	Interpretation & Education Cooperating Assoc. Prog									
	PO Box 942896	,		AUTHORIZ	ED REPRESE	NTATIVE				
	Sacramento CA 94296-0									

POLICY NUMBER: 2021-02635

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
 - **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.



DATE (MM/DD/YYYY) 05/29/2021

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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.

PRO	DDUCER en Door Ins Services, Inc.			7-874-2666	such endorsement(s). CONTACT Angela Gianni NAME:							
P.O	. Box 428				(A/C, N	o, Ext): 707-87	4-2666	FAX (A/C, N	_{o):} 707	-874-1233		
	cidental, CA 95465 gela Gianni				ADDRE	_{ss:} angela@	opendoorii	ns.com				
	,							DING COVERAGE		NAIC #		
					INSUR	RA: NonPro	ofits' Insura	nce Alliance		10023		
INSU Fort	JRED t Ross Conservancy				INSURE	RB:State C	omp. ms. r	runa		35076		
190	05 Coast Hwy 1 ner, CA 95450				INSURE	R C :						
					INSURE	R D :						
					INSURE							
	V=2.4.0=0				INSUR	RF:		DE://0/01/01/01/01/01				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	VE DEE	N ICCLIED TO		REVISION NUMBER		DOLICY DEBIOD		
IN C E	NDICATED. NOTWITHSTANDING ANY REPRINCE THE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT T	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		2021-02635		06/24/2021	06/24/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000		
								MED EXP (Any one person)	\$	20,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AC	G \$	2,000,000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO			2021-02635		06/24/2021	06/24/2022	BODILY INJURY (Per perso	n) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	nt) \$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
_	DED RETENTION \$							- DED OT	\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4000040 04		04/04/2024	04/04/2022	X PER STATUTE OTHER	-	4 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		1289018-21		01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	′EE \$	1,000,000 1,000,000		
_	DESCRIPTION OF OPERATIONS below			2021-02635		06/24/2024	06/24/2022	E.L. DISEASE - POLICY LIN	IT \$	\$1M/\$1M		
Α	Liquoi Liab			2021-02033		00/24/2021	00/24/2022	EaOCC/Agg		\$ 1 IVI/\$ 1 IVI		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may k	e attached if mor	e space is requir	red)				
RE: The	: ELP and MEP Programs • State of California, its officers, a	aeni	s er	nnlovees and servant	s are							
nan	State of California, its officers, a ned as Additional Insured per the	atta	chec	CG2026.	o u.o							
	DTIEICATE HOLDER				CAN	CELL ATION						
CE	RTIFICATE HOLDER				CAN	CELLATION						
								ESCRIBED POLICIES BI				
	California Department of	Parl	(S					EREOF, NOTICE WILL CY PROVISIONS.	BE	DELIVERED IN		
& Recreation						JADAMOL WI	0210					
	PO Box 942896				AUTHORIZED REPRESENTATIVE							
	Sacramento, CA 94296	ASTRONOLES REI RESERVATIVE										

angla Granne

POLICY NUMBER: 2021-02635

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
 - **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.



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2021

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.

	nis certificate does not confer rights	to the		ificate holder in lieu of su 7-874-2666							
Ope	DUCER en Door Ins Services, Inc.	701	7-074-2000	CONTACT Angela Gianni PHONE (A/C, No, Ext): 707-874-2666 FAX (A/C, No): 707-874-1233						97 <i>1</i> -1222	
	. Box 428 cidental. CA 95465				(A/C, N	_{ss:} angela@	onendoori	ns com	(A/C, No):	101-	574-1233
	gela Gianni				ADDRE						
								nce Alliance			NAIC #
	IDED				INSUR	R A : NOMPTO	omn Ins F	nce Amance Tund			35076
Fort	JRED t Ross Conservancy						omp. ms. r	una			33070
190	05 Coast Hwy 1 ner, CA 95450				INSURE						
					INSURE						
					INSURE						
	WED A OF C			- NUMBER.	INSUR	:R F :		DEVICION NI	IMDED.		
	VERAGES CEI HIS IS TO CERTIFY THAT THE POLICIE			E NUMBER:	VE DEE	N ICCUED TO		REVISION NU		JE D	
	NDICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								UBJECT TO) ALI	_ THE TERMS,
INSR			SUBR WVD		DEEIN	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
•	CLAIMS-MADE X OCCUR			2021-02635		06/24/2021	06/24/2022	DAMAGE TO REN PREMISES (Ea ou		\$	500.000
	SE unio in the			2021-02033		00/24/2021	00/24/2022			\$	20,000
								MED EXP (Any on		\$	1,000,000
	CENTIL ACCRECATE LIMIT APPLIES PED.							PERSONAL & AD		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGR		\$	2,000,000
								PRODUCTS - CO	VIP/OP AGG	\$	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SING	LE LIMIT	\$	1,000,000
	ANY AUTO			2021-02635		06/24/2021	06/24/2022	(Ea accident) BODILY INJURY (Por poreon)	\$	
	OWNED SCHEDULED AUTOS			202. 0200		00/24/2021	00/2-7/2022	BODILY INJURY (•	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAM. (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADI	≣						AGGREGATE	INOL	\$	
	DED RETENTION\$							AGGREGATE		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ψ	
		1		1289018-21		01/01/2021	01/01/2022	E.L. EACH ACCID		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - E		*	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	1,000,000
Α				2021-02635		06/24/2021	06/24/2022	EaOcc/Agg			\$1M/\$1M
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORI	0 101, Additional Remarks Schedu	ıle, may k	e attached if mor	re space is requi	red)			
	OOF OF INSURANCE										
KE:	ELP and MEP Programs										
CE	RTIFICATE HOLDER				CAN	CELLATION					
								ESCRIBED POL EREOF, NOTIC			
	Fort Ross Conservancy							CY PROVISIONS		,	FELTVENCED IN
	19005 Coast Hwy 1 Jenner, CA 95450				L						
	Jeillei, CA 33430				AUTHO	RIZED REPRESE	NTATIVE				
					anee	la Gianni					
					• · · · · 7						



DATE (MM/DD/YYYY) 05/29/2021

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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.

If	SUE	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights t	to th	ne te	rms and conditions of the	e polic	y, certain po	olicies may r					
PRODUCER 707-874-2666 Open Door Ins Services, Inc. P.O. Box 428							CONTACT Angela Gianni PHONE (A/C, No, Ext): 707-874-2666 FAX (A/C, No): 707-874-1233						
Occi	den	∖ 428 tal, CA 95465 Bianni				(A/C, No E-MAIL ADDRE), ⊏Xt):	opendoorii		A/C, No):			
Ally	zia C	Jiai ii ii					INS	URER(S) AFFORI	DING COVERAGE			NAIC #	
						INSURE	R A : NonPro	fits' Insura	nce Alliance			10023	
INSU	RED	a Canaanianau				INSURE	RB:State C	omp. Ins. F	und			35076	
1900	5 Co	s Conservancy past Hwy 1				INSURE	RC:						
Jenner, CA 95450						INSURER D:							
						INSURER E :							
						INSURER F:							
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:			
IN	DICA	S TO CERTIFY THAT THE POLICIES	QUIR	REME	NT, TERM OR CONDITION (OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH	RESPEC	T TO	WHICH THIS	
		FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJ	JECT TO	ALL	THE TERMS,	
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER							POLICY EFF POLICY EXP						
A	Х	COMMERCIAL GENERAL LIABILITY					······	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		2021-02635		06/24/2021	06/24/2022	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	500,000	
									MED EXP (Any one pe	rson)	\$	20,000	
									PERSONAL & ADV IN	JURY	\$	1,000,000	
l i												2,000,000	

LIK	THEOLINOORANGE	INSD V	עעע	I OLIOT NOMBLIX	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u> </u>	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		2021-02635	06/24/2021	06/24/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	20,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			2021-02635	06/24/2021	06/24/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		1289018-21	01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Liquor Liab			2021-02635	06/24/2021	06/24/2022	EaOcc/Agg		\$1M/\$1M

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

RE: Conference @ Presidio, San Francisco

The United States, the Presidio Trust and its directors, officers, agents, subsidiaries, and employees are named as Additional Insured per the attached CG2011. Insurance is Primary and Non-Contributory per the attached CG0001.

CERTIFICATE HOLDER	CANCELLATION
Presidio Trust 103 Montgomery Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Francisco, CA 94129-0052	AUTHORIZED REPRESENTATIVE
	Angelo Gianni

POLICY NUMBER: 2021-02635

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):

Any premises owned and/or operated by the Certificate Holder/Additional Insured

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

Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.

Additional Premium: Included

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 arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- **1.** Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- 2. 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
- 2. 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.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

b. Excess Insurance

- (1) This insurance is excess over:
 - (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
 - (iv) 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 I Bodily I Injury And Property Damage Liability.
 - (b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that t"suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

- (3) 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 selfinsured amounts under all that other insurance.
- (4) We will share the remaining loss, if any, with lany 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. Method Of Sharing

If all of the other insurance 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 of the other insurance 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.

5. Premium Audit

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;

- b. Those statements are based upon representations you made to us; and
- **c.** We have issued this policy in reliance upon your representations.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if leach Named Insured were the only Named Insured; and
- **b.** Separately to each insured against whom claim is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, I those I rights I are I transferred I to I us. I The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V – DEFINITIONS

- "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
 - **a.** Notices that are published include material placed on the Internet or on similar electronic means of communication; and
 - b. Regarding web sites, only that part of a web site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

2. "Auto" means:

- **a.** A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
- **b.** Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

- However, "auto" does not include "mobile equipment".
- **3.** "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- **4.** "Coverage territory" means:
 - a. The United States of America (including its territories and possessions), Puerto Rico and Canada:
 - **b.** International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in Paragraph **a.** above; or
 - **c.** All other parts of the world if the injury or damage arises out of:
 - Goods or products made or sold by you in the territory described in Paragraph a. above;
 - (2) The activities of a person whose home is in the territory described in Paragraph a. above, but is away for a short time on your business; or
 - (3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication;

provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph **a.** above or in a settlement we agree to.

- **5.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- **6.** "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.
- "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.
- **8.** "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:
 - **a.** It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or
 - **b.** You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2021

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.

PROMOTE A PROPRIES AND A SERVICES, Inc. 707-874-2666 POR 3428 SECURITY PROPRIES AND A SERVICES AND A SERVICE	lf	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ne te	rms and conditions of th	e poli	cy, certain p	olicies may ı				
COVERAGE CERTIFICATE NUMBER: TYPE OF RESIDENCE SERVED SHOWENE SHOW HAVE BEEN RESURED BY AND CONTROL OF ANY CONTRACT OR OTHER DOCUMENT WHICH FERNIS A COMBREAN REPRESENTATION AND CONTROL OF ANY CONTRACT OR OTHER DOCUMENT WHICH FERNIS A COMBREAN REPRESENTATION AND CONTROL OF ANY CONTRACT OR OTHER DOCUMENT WHICH FERNIS A COMBREAN REPRESENTATION AND CONTROL OF ANY CONTRACT OR OTHER DOCUMENT WHITH RESPECT TO WHICH THE SHOW HAVE BEEN RESURED BY AND CAMBRE TO ANY CONTRACT OR OTHER DOCUMENT WHITH RESPECT TO WHICH THE SHOW HAVE BEEN RESURED BY AND CAMBRE TO ANY CONTRACT OR OTHER DOCUMENT WHITH RESPECT TO WHICH THE SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN WHITH RESPECT TO WHICH THE SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOW HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOWN HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOWN HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOWN HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN SHOWN HAVE BEEN RESURED BY AND CAMBRE TO BEEN BEEN BEEN BEEN BEEN BEEN BEEN BEE	PRO	DUCER			CONTACT Angela Gianni							
Occidental, CA 95465 Margier Glamm Misurer a, Mon Profits' Insurance Alliance 10023 Misurer a, State Comp. Ins. Fund 35076 Misurer a, Montant and Misurer a, State Comp. Ins. Fund 35076 Misurer a, Montant and Mis	Ope	en Door Ins Services, Inc.			PHONE 707-874-2666 FAX 707-874-1233							
NAUGHER AL MANDER SATURD STATE OF THE POLICE OF INSURANCE USTED BELOW HAVE BEEN RESULCED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NAMED ABOVE PERIOD NAMED ABOVE PERIOD NAMED ABOVE PERIOD NAMED ABOVE PER						E-MAIL	ss. angela@	opendoorii	ns.com	<u> </u>		
RESURE A. NO.PTOTISE* Insurance Alliance 10023 1003	Ang	gela Gianni				ADDRE					NAIG #	
NOURER 2. State Comp. Ins. Fund 35076 NOURER 2. State Comp. Ins. Fund 35076 NOURER 2. State Comp. Ins. Fund 35076 NOURER 3. State Comp. Ins. Fund 35076 NOURER 5. State Comp. Ins. Fund 35076 NOURE 5. State Comp. Ins. Fund 35076 NOURE 5. State Comp. Ins. Fund 35076 NOUR 5. State Comp. Ins												
MESIBER C: MESISTER CHARGE COLLER COL	11101	IDED				INSURE	RA: NOTIFIC	omo Ins F	ind			
MISURER D MISU	Fort	Ross Conservancy							u		330.0	
COVERAGES CERTIFICATE NUMBER: NOUNCE, TENTON CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND CANDITY WITH RESPECT TO WHICH THIS INSURANCE CLISTED SELOW HAVE BEEN ISSUED TO THE INSURED AND CANDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMB. AND CANDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMB. A COMMERCIAL GENERAL LABBILTY A AUTOMOBBE LUBBILITY A AUTOMOBBE LUBBILITY A AUTOMOBBE LUBBILITY A AUTOMOBBE LUBBILITY A WAY AUTO COMMERCIAL GENERAL LABBILTY A WAY AU	190 Jen	us Coast Hwy 1 ner, CA 95450										
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MY PERTAIN. THE INSURANCE APPROPED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUESTED THE INSURED HEREIN IS SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUESTED BY ADDICATED. A COMMERCIAL GENERAL LIBRATURY A COMMERCIAL GENERAL												
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INSURIDANCE LIGHTED BELOW HAVE BEEN ISSUED TO THE INSURED MAD ABOVE FOR THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERSTAND. THE INSURANCE AFFORDED BY THE POLICY SECONDARY OF ANY CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. A X COMMERCIAL GENERAL LIABILITY A X POLICY IN THE CONTRACT OR OTHER DOCUMENTS OF A X POLICY SECONDARY OF A X POLIC												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROUP FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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. LIMINS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. A X COMMERCIAL GENERAL LIBRILITY A X COMMERCIAL GENERAL LIBRILITY CERTIFICATE LIMIT APPLIES PER: X POLICY PERIOD OFFICE AND AND A STATE LIMIT APPLIES PER: X POLICY PERIOD OTHER: A AUTHORIZED STATE LIMIT APPLIES PER: X POLICY PERIOD OTHER: A WARD STATE LIMIT APPLIES PER: X POLICY PERIOD OTHER COMMINION SINGLE LIMIT ANY AUTO OFFICE AND A STATE LIMIT APPLIES PER: X POLICY PERIOD OTHER COMMINION SINGLE LIMIT STATE LIMIT APPLIES PER: X POLICY PERIOD OTHER COMMINION SINGLE LIMIT STATE AND A STATE						INSURE	RF:					
INDICATED. NOTWITHSTANDING ANY REGUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. A X COMMERCIAL GREENAL LIABILITY CLAMPAGNAGE X COURT X 2021-02635 OF 24/2021 OF 24/20						·						
A AUTOMORIE LIABILITY ANY AUTO CENT. ACGREGATE LIMIT APPLIES PER. X POLICY SEPT LOC OTHER AUTOMORIE LIABILITY ANY AUTO ANY AUTO AUTOS ONLY AU	IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TC	WHICH THIS	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) San Francisco Friends School, Is officers, directors, members, employees and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Additional Insured in regards to their and volunteers are named as Ad	LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)		LIMIT	rs	4 000 000	
GENT AGGREGATE LIMIT APPLIES PER: POLICY PEC	Α									\$	• •	
BONLA AGGREGATE LIMIT APPLIES PER: A AUTOMOBILE LIABILITY ANA VITO OWNED AUTOS ONLY I MIRES OCCUR EXCESS LIAB OCCUR OCCUR OCCUR OCCUR EXCESS LIAB OCCUR OC		CLAIMS-MADE X OCCUR	X		2021-02635		06/24/2021	06/24/2022	PREMISES (Ea occurrence)	\$	<u> </u>	
GENL AGGREGATE LIMIT APPLIES PER: X POLICY PEC. LOC OTHER: OTHER ANY AUTO OTHER OF AUTOS ONLY X MINES OCCUR EXCESS LIAB LOLAMS MADE DED RETENTION S AGGREGATE S AGGREGAT S AGGR									MED EXP (Any one person)	\$	<u> </u>	
A AUTOMOBILE LIABILITY ANY AUTO OMERONLY AUTOS ONLY AUTOS ONLY									PERSONAL & ADV INJURY	\$		
A AUTOMOBILE LIABILITY ANY AUTO OFFICE ANY AUTO OFFICE OF									GENERAL AGGREGATE	\$		
A AUTOMOBILE LIABILITY ANY AUTO ANY AUTOSONLY A WORKSONLY ANY ADPOSITION S B WORKERS COMERNATION ANY AUTOSONLY ANY AUTOSON									PRODUCTS - COMP/OP AGG		2,000,000	
ANY AUTO ANY PROPRIETOR PARTHENE/ARCUTIVE // MAY PROPRIETOR // MAY PROPRIET	Α										1,000,000	
AUTOS ONLY X HIRDS ONLY X HI		ANY AUTO			2021-02635		06/24/2021	06/24/2022	, ,			
A HIRED ONLY X NON-QWINED PROPERTY DAMAGE		OWNED SCHEDULED										
UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR DED RETENTIONS B WORKERS COMPENSATION AND EMPLOYERS LIABBILITY ANY PROPRIETOR/PARTNER/EXECUTIVE VIA AND EMPLOYERS LIABBILITY ANY PROPRIETOR/PARTNER/EXECUTIVE VIA If yes, describe under the control of the									PROPERTY DAMAGE			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTOR'S WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTICINS OF OPERATIONS below ALIQUOR LIAB DESCRIPTION OF OPERATIONS STAND EMPLOYERS (LABILITY ANY PROPRIETOR) AND EMPLOYERS (LABILITY ANY PROPRIETOR) AND EMPLOYERS (LABILITY ANY PROPRIETOR) AND EMPLOYERS (LABILITY STAND EMPLOYERS (LABILITY ANY PROPRIETOR) AND EMPLOYERS (LABILITY STAND EMPLOYERS (LABILITY ANY PROPRIETOR) AND EMPLOYERS (LABILITY STAND EMPLOYERS (LABILITY ANY PROPRIETOR) OF OPERATIONS below A Liquor Liab DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) San Francisco Friends School, its officers, directors, members, employees and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER CANCELLATION 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		AUTOS ONLY AUTOS ONLY							(i ei accident)			
EXCESS LIAB CLAIMS-MADE DED RETENTIONS B WORKERS COMPENSATION AND EMPRISHERS LIABURITY AND EMPRISHED PRICE REPORT THE PRICE LIABURITY AND EMPRISHED PRICE LIABURITY AND EMPRISHED PRICE LIABURITY AND EMPRISHED PRICE LIABURITY BY AND EMPRISH LIABURITY BY AND EMPRISHMENT LIABURITY BY AND EMPRISH LIABURITY BY AND EMPRISHMENT LIABURITY		UMBRELLA LIAB OCCUR							EACH OCCUPPENCE	<u> </u>		
B WORKERS COMPENSATION AND EMPLOYERS' LLABILITY ANY PROPRIETOR PARTINER/EXECUTIVE VIN ANY PROPRIETOR PARTINER/EXECUTIVE VIN OFFICE/RMEMBER EXCLUBED? (Mandatory in Nit) If yes, describe under in Nit) If yes, describe under in Nit) If yes, describe under in Nit) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) San Francisco Friends School, its officers, directors, members, employees and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER CANCELLATION 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 AV PERTUTE OTH EL ACH ACCIDENT S 1,000,000 EL DISSASE - EA EMPLOYEE S 1,00												
B WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND PROPRIETOR PARTINE PROPERTY IN A DISPANSE OF THE PROPRIET O		DED RETENTION \$							AGGREGATE			
AMY PROPRIETOR PARTNER/EXECUTIVE AMY AMY PROPRIETOR PARTNER/EXECUTIVE AMOUNT OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE	В								X PER OTH-	Ψ		
Liquor Liab 2021-02635 06/24/2021 06/24/2022 EaOcc/Agg \$1Mi/\$1M					1289018-21		01/01/2021	01/01/2022		·	1,000,000	
Liquor Liab 2021-02635 06/24/2021 06/24/2022 EaOcc/Agg \$1Mi/\$1M		OFFICER/MEMBER EXCLUDED?	N/A								1,000,000	
A Liquor Liab 2021-02635 06/24/2021 06/24/2022 EaOcc/Agg \$1M/\$1M DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) San Francisco Friends School, its officers, directors, members, employees and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER CANCELLATION 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		If yes, describe under										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) San Francisco Friends School, its officers, directors, members, employees and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER San Francisco Friends School 250 Valencia St San Francisco, CA 94103 CANCELLATION 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	Α				2021-02635	06/24/2021		06/24/2022	EaOcc/Agg	1 2	\$1M/\$1M	
San Francisco Friends School, its officers, directors, members, employees and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER CANCELLATION 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												
and volunteers are named as Additional Insured in regards to their activities at 19005 Coast Hwy 1, Jenner CA. Insurance is Primary and Non-Contributory. 30-day cancellation notice applies, except 10 days for non-payment. CERTIFICATE HOLDER CANCELLATION 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			•					re space is requir	ed)			
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	and acti Cor	l volunteers are named as Ádditio vities at 19005 Coast Hwy 1, Jenn ntributory. 30-day cancellation not	nal l er C	nsu A. Ir	red in regards to their nsurance is Primary an	nd Noi	1-					
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		DTIEICATE HO! DED				CAN	CELLATION					
San Francisco Friends School 250 Valencia St San Francisco, CA 94103 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	UE	RIIFICATE HULDEK				CAN	JELLA HUN					
San Francisco, CA 94103		School				THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL			
						AUTHORIZED REPRESENTATIVE						
						ange	la Gianni					

ACORD