OP ID: AG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2023

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.

l t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t	t to the	cert	ificate holder in lieu of su	ich end	dorsement(s)	).	require an endorsemen	t. As	tatement on		
PRODUCER 707-874-2666 Open Door Ins Services, Inc. P.O. Box 428						CONTACT Angela Gianni NAME: PHONE (A/C, No, Ext): 707-874-2666  FAX (A/C, No): 707-874-1233						
Ang	gela Gianni					INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURE			nce Alliance		10023		
JNS	URED _			***	INSURE	<sub>R в :</sub> State C	omp. Ins. F	und		35076		
For	URED t Ross Conservancy 05 Coast Hwy 1				INSURE							
	ner, CA 95450				INSURE			<del></del>		-		
					INSURE					<del> </del>		
					INSURE							
~~	VERAGES CER	TIEI	CATI	E NUMBER:	INSURE	K.F.		DEVISION NUMBER.		<u> </u>		
	THIS IS TO CERTIFY THAT THE POLICIES				VE DEE	N ISSUED TO		REVISION NUMBER:	<u></u>	LIOV DEDIOD		
11	NDICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
IC	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO	O ALL	THE TERMS,		
	XCLUSIONS AND CONDITIONS OF SUCH	ADDI	CIES.	LIMITS SHOWN MAY HAVE	BEEN							
INSR LTR		ADDL INSD	WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	4 000 000		
A	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		2023-02635		06/24/2023	06/24/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000		
								MED EXP (Any one person)	\$	20,000		
		İ	i	,				PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	. ANY AUTO		ļ	2023-02635		06/24/2023	06/24/2024		\$			
	CWNED SCHEDULED AUTOS		İ					BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	NO TOO ONE!							11-01-00000000	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE			•		-		AGGREGATE	\$			
	DED RETENTION \$	1.	l .					AGGREGATE	\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		-					X PER OTH-	<u>\$</u>			
	AND EMPLOYERS' LIABILITY  AND EMPLOYERS' LIABILITY  Y/N			1289018-23		01/01/2023	01/01/2024		_	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below			' ·			·	E.L. DISEASE - EA EMPLOYEE		1,000,000		
Α	Liquor Liab	1		2023-02635		06/24/2023	06/24/2024	E.L. DISEASE - POLICY LIMIT  EaOcc/Agg	\$	\$1M/\$1M		
- 1			ļ			00,21,2020	0012-112-1	Luo boji 199		ΨΙΙΝΨΙΙΝ		
			<u> </u>									
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				le, may b	e attached if mor	e space is requir	red)				
The	Cooperative Association Agreen State of California. Its officers, a	aent	- ru s. er	nuing nolovees and servants	s are							
nan	State of California, its officers, a ned as Additional Insured per the	atta	chec	l CG2026.				*				
				•								
								4				
CE	RTIFICATE HOLDER				CANO	ELLATION				.•		
						the second second second		ESCRIBED POLICIES BE C				
	California State Parks							EREOF, NOTICE WILL E BY PROVISIONS.	JE DE	LIVERED IN		
	Interpretation & Educatio											
•	Cooperating Assoc. Prog	ıram			AUTHO	RIZED REPRESEI	NTATIVE					
	PO Box 942896	204				•						
	Sacramento, CA 94296-00	JUT			linget	a Granni						

#### 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;
  - 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) 06/09/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) 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).

PRODUCER	707-874-2666	CONTACT Angela Gianni	
Open Door Ins Services, Inc. P.O. Box 428		PHONE (A/C, No, Ext): 707-874-2666 FAX (A/C, No): 7	07-874-1233
Occidental, CA 95465 Angela Gianni		E-MAIL ADDRESS: angela@opendoorins.com	
, angula Gianni		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: NonProfits' Insurance Alliance	10023
INSURED Fort Ross Conservancy		INSURER B : State Comp. Ins. Fund	35076
19005 Coast Hwy 1		INSURER C:	
Jenner, CA 95450		INSURER D:	
		INSURER E :	
	· · · · · · · · · · · · · · · · · · ·	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	

<u>CC</u>	<u>)VER</u>	<u>AGES</u> CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
Ţ	HIS I	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE	OF I	NSUF	RANCE LISTED BELOW HAVE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE PO	OLICY PERIOD
(	ERTI	FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDED BY	THE POLICIE	S DESCRIBE	HEREIN IS SUBJECT TO		
VSR TR	~	TYPE OF INSURANCE	ADDL.	SUBR WVD	BOLIOV NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		2023-02635	06/24/2023	06/24/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
						!		MED EVD (Any one names)	•	20,000

ĺ	OD MINO MINOLE IN COORT	_ A	2023-02033	100/24/2023	00/24/2024	PREMISES (Ea occurrence)	, \$	000,000
						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-					PRODUCTS - COMP/OP AGG	.\$	2,000,000
	OTHER:	<u> </u>					S	•••
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ı .	ANY AUTO		2023-02635	06/24/2023	06/24/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS		{      ·			BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
					e .		\$ .	
	UMBRELLA LIAB . OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		,			X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1289018-23	01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	MIA				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		2023-02635	06/24/2023	06/24/2024	EaOcc/Agg		\$1M/\$1M

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

RE: ELP and MEP Programs The State of California, its officers, agents, employees and servants are named as Additional Insured per the attached CG2026.

CERTIFICATE HOLDER	CANCELLATION
California Department of Parks & Recreation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 942896 Sacramento, CA 94296	Authorized Representative  Augla Stann

#### 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.

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- 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.

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ti	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to the confermant of the conf	o the	e cert	ificate holder in lieu of si	uch end	dorsement(s	).	require an endorsemen	i. A	statement on		
PRO	DUCER		707	7-874-2666	CONTACT Angela Gianni							
P.C	en Door Ins Services, Inc. . Box 428				PHONE (A/C, N	o, Ext): 707-87	74-2666	FAX (A/C, No):	707-	874-1233		
Occidental, CA 95465						E-MAIL ADDRESS: angela@opendoorins.com						
Anş	gela Gianni					INS	URER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURI	ER A : NonPro	ofits' Insura	nce Alliance		10023		
INSI	IRED I Ross Conservancy				INSURI	<sub>ER B:</sub> State C	omp. Ins. F	und		35076		
190	05 Coast Hwy 1			•	INSURE	ER C:						
Jen	ner, CA 95450	-			INSURE							
					INSUR	ERE:				<u> </u>		
	·				INSUR	ERF:						
				NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME ΓΑΙΝ, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS:	DOCUMENT WITH RESPE	CT TO	O WHICH THIS		
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	_\$	1,000,000		
	CLAIMS-MADE X OCCUR			2023-02635		06/24/2023	06/24/2024	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 PROTOLOC LOC OTHER:		•					PRODUCTS - COMP/OP AGG	\$	2,000,000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO			2023-02635		06/24/2023	06/24/2024	BODILY INJURY (Per person)	\$	· ·		
	OWNED SCHEDULED AUTOS ONLY						,	BODILY INJURY (Per accident)	\$			
	X HIRED ONLY X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
		<u> </u>							\$			
	UMBRELLA LIAB OCCUR		.					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	1				,	,	AGGREGATE	\$			
	DED RETENTION \$		_						\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		*					X PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		1289018-23		01/01/2023	01/01/2024	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		1	0000 00005		00/04/0000	2010410204	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
Α	Liquor Liab	Ì		2023-02635		06/24/2023	06/24/2024	EaOcc/Agg		\$1M/\$1M		
	<u>}</u>									,		
PRO	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC DOF OF INSURANCE ELP and MEP Programs	LES (A	AGORE	101, Additional Remarks Schedu	ile, may b	e attached If moi	re space is requir	ed)				
05	DTIFICATE HOLDED					DELLATION:						
CE	RTIFICATE HOLDER				CANC	CELLATION						
	Fort Ross Conservancy 19005 Coast Hwy 1				THE	EXPIRATION	N DATE, THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.				
	Jenner, CA 95450	AUTHORIZED REPRESENTATIVE										



DATE (MM/DD/YYYY) 06/09/2023

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1 	SUBROGATION IS WAIVED, subject his certificate does not confer rights t	: to ti o the	ne tei certi	rms and conditions of th ificate holder in lieu of su	ch end	lorsement(s)		require an endorsement. A	A statement on		
	DUCER			<b>'-874-2666</b>	CONTACT Angela Gianni						
Ope	n Door Ins Services, Inc.				NAME: 9107-874-2666 FAX, No. Ext): 707-874-2666 FAX, No. 2017-874-1233						
P.O	, Box 428 idental, CA 95465			•	(A/C, No, Ext): (A/C, No): (A/C, No):						
Ang	jela Gianni				ADDRE				NAIC #		
								nce Alliance	10023		
	NDCD -				INSURE	RB State C	omp. Ins. F	und	35076		
For	RED Ross Conservancy										
	05 Coast Hwy 1 ner, CA 95450				INSURE	•			·		
	,				· ·	RD:			<del>-   · </del>		
					INSURE						
	VID 4 0 T 0		0.4.77		INSURE	RF:		DEMOCION MUMBER.			
				NUMBER:	/C DCC	N ICCUED TO	THE MOUDE	REVISION NUMBER:	DOLLOV BEDIOD		
- IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI IAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBE	DOCUMENT WITH RESPECT TO A	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY						<del></del>	EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR	x		2023-02635		06/24/2023	06/24/2024	BALLAGE TO DELITED	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-	ĺ						PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:	İ						\$			
Α	AUTOMOBILE LIABILITY			·				COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000		
	ANY AUTO			2023-02635		06/24/2023	06/24/2024	BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS		}					BODILY INJURY (Per accident) \$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
	7,0130 0,127							\$			
	UMBRELLA LIAB OCCUR			. "				EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$	l						\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
		N/A		1289018-23		01/01/2023	01/01/2024	E.L. EACH ACCIDENT \$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						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			2023-02635		06/24/2023	06/24/2024	EaOcc/Agg	\$1M/\$1M		
	, .										
		<u>.                                    </u>	<u></u>								
	cription of operations / Locations / Vehic Conference @ Presidio, San Frai United States, the Presidio Trus sidiaries, and employees are nan 2011. Insurance is Primary and No						re space is requi	red)			
CE	RTIFICATE HOLDER				CANC	CELLATION					
UE	THIOAIL HOLDER				CAUNC	/LLCA HON					
	Presidio Trust 103 Montgomery Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE CY PROVISIONS.			

San Francisco, CA 94129-0052

AUTHORIZED REPRESENTATIVE

angela Granne

#### 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/Add'l 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

- 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, <u>Builder's Risk, Installation Risk or</u> <u>similar coverage for "your work";</u>
    - (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 Bodily 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 "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 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. 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
- 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 each 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, those rights are transferred to us. 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 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".
- "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
  - 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.

- "Employee" includes a "leased worker"."Employee" does not include a "temporary worker".
- "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.
- "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.

DATE (MM/DD/YYYY) 06/09/2023

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. If SURROGATION IS WAIVED subject to the terms and conditions of the policy certain policies may require an end

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PRO	DDUCER	707	7-874-2666	CONTACT Angela Gianni NAME: PHONE (A/C, No, Ext): 707-874-2666 FAX (A/C, No, Ext): 707-874-1233								
P.O	en Door Ins Services, Inc. Box 428											
Occidental, CA 95465 Angela Gianni						E-MAIL ADDRESS: angela@opendoorins.com						
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ACORD 25 (2016/03)

School

San Francisco, CA 94103

250 Valencia St

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AUTHORIZED REPRESENTATIVE

angle Granne