Client#: 763070

LOSANGEL31

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2015 TIFICATE HOLDER. THIS

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 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		CONTACT Natalie Berend			
USI Southern California CL Lic # 0351162 21700 Oxnard Street, Suite 1200 Woodland Hills, CA 91367		PHONE (A/C, No, Ext): 818 251-3016	FAX (A/C, No): 6'	610-362-8470	
		E-MAIL ADDRESS: natalie.berend@usi.biz			
		INSURER(S) AFFORDING CO	NAIC#		
		INSURER A: Lexington Insurance Comp	19437		
Los Angeles Community College District 770 Wilshire Blvd		INSURER B : Safety National Casualty C	15105		
		INSURER C : Berkley National Insurance			
		INSURER D :			
Los Angen	es, CA 90017	INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:			

IN	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE	QUIRE	MEN	IT, TERM OR CONDITION OF ANY	CONTRACT OF	R OTHER DOO	CUMENT 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.								
INSR LTR	TYPE OF INSURANCE	ADDLS INSR V	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
Α	GENERAL LIABILITY	X	Χ	021391630	07/01/2015		EACH OCCURRENCE	s 10,000,000
	X COMMERCIAL GENERAL LIABILITY			\$1,500,000 SIR			DAMAGE TO RENTED PREMISES (Ea occurrence)	sINCLUDED
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$EXCLUDED
				1			PERSONAL & ADV INJURY	s10,000,000
			1	1		1	GENERAL AGGREGATE	s40,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		.				PRODUCTS - COMP/OP AGG	\$40,000,000
	X POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY		1	021391630	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident)	s10,000,000
	X ANY AUTO			\$1,500,000 SIR		İ	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS		-			1 :	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
С	UMBRELLA LIAB X OCCUR		i	CEX0960023902	07/01/2015	07/01/2016	EACH OCCURRENCE	s15,000,000
	X EXCESS LIAB CLAIMS-MADE	1	ļ				AGGREGATE	s15,000,000
	DED X RETENTION \$0	<u>i</u>				<u> </u>		\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ļ	SP4051087	07/01/2015	07/01/2016	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	-	1	ı .	, [	E.L. EACH ACCIDENT	s25,000,000
	(Mandatory in NH)		ļ				E.L. DISEASE - EA EMPLOYEE	\$25,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>	<u></u>				E.L. DISEASE - POLICY LIMIT	s25,000,000
A Errors & Omission Occurrence			į	021391630	07/01/2015 07	07/01/2016	\$10,000,000	
							\$1,500,000 SIR	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (At	tach	ACORD 101, Additional Remarks Schedule	a, if more space is	s required)		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Building/Business Personal Property- Limit \$600,000,000/Deductible \$25,000/Agreed Amount
Proof of Coverage

CERTIFICATE HOLDER	CANCELLATION		
Proof of Coverage	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		
	Natalii Berend		

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