

GL1-10128	CO	CERTIFICATE OF COVERAGE	06/25/2021
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<p>Public Risk Innovation, Solutions, and Management C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450</p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	<p>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>
	<p>COVERAGE AFFORDED A- Public Risk Innovation, Solutions, and Management</p>

<p>Member: CITY OF CHULA VISTA JANICE GALLEHER, RISK MANAGEMENT 276 FOURTH AVENUE CHULA VISTA, CA 91910</p>	<p>COVERAGE AFFORDED B</p> <p>COVERAGE AFFORDED C</p> <p>COVERAGE AFFORDED D</p>
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Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Auto Liability	PRISM PE 21 EL-95	07/01/2021	07/01/2022	\$1,000,000 \$1,000,000 Limits inclusive of the Member's Self-Insured Retention of \$500,000

Description of Operations/Locations/Vehicles/Special Items:
 AS RESPECTS EVIDENCE OF COVERAGE ONLY.

<p>Certificate Holder</p> <p>FOR THE PURPOSE OF EVIDENCE ONLY C/O CITY OF CHULA VISTA 276 FOURTH AVE CHULA VISTA, CA 91910</p>	<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Gina Dear</i></p> <p style="text-align: center;">Public Risk Innovation, Solutions, and Management</p>
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GL1-10129	CO	CERTIFICATE OF COVERAGE	06/25/2021
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<p>Public Risk Innovation, Solutions, and Management C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450</p> <p>PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	<p>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>		
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<p>Member: CITY OF CHULA VISTA JANICE GALLEHER, RISK MANAGEMENT 276 FOURTH AVENUE CHULA VISTA, CA 91910</p>	<table style="width:100%; border: none;"> <tr> <td style="border: none;">COVERAGE AFFORDED</td> <td style="border: none;">B</td> </tr> <tr> <td style="border: none;">COVERAGE AFFORDED</td> <td style="border: none;">C</td> </tr> <tr> <td style="border: none;">COVERAGE AFFORDED</td> <td style="border: none;">D</td> </tr> </table>	COVERAGE AFFORDED	B	COVERAGE AFFORDED	C	COVERAGE AFFORDED	D
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CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> Excess General Liability	PRISM PE 21 EL-95	07/01/2021	07/01/2022	\$3,000,000 Limits inclusive of the Member's Self-Insured Retention of \$500,000

Description of Operations/Locations/Vehicles/Special Items:
AS RESPECTS EVIDENCE OF COVERAGE ONLY.

<p>Certificate Holder</p> <p>FOR THE PURPOSE OF EVIDENCE ONLY C/O CITY OF CHULA VISTA 276 FOURTH AVE CHULA VISTA, CA 91910</p>	<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Gina Dear</i></p> <p style="text-align: center;">Public Risk Innovation, Solutions, and Management</p>
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