

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2024

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 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).												
PRO	DUCER				CONTAC NAME:		,-					
	RSH RISK & INSURANCE SERVICES IR EMBARCADERO CENTER, SUITE 1100				PHONE FAX							
CALIFORNIA LICENSE NO. 0437153						(A/C, No, Ext): (A/C, No):						
SAN	FRANCISCO, CA 94111				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
CN1	01483686-SCAL-CAS-24-25	GLAI	W	CA	INSURE		15105					
INSU	RED	OLA		O/ C		10100						
	SER FOUNDATION HEALTH PLAN, INC. SER FOUNDATION HOSPITALS				INSURER B:							
	EAST WALNUT STREET				INSURER C:							
PAS	ADENA, CA 91188				INSURER E :							
CO	VERAGES CER	TIFIC	·ΔTE	NUMBER:	INSURER F :							
										ICY PERIOD		
IN	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,											
E)	KCLUSIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY F	PAID CLAIMS.			, , , , , , , , , , , , , , , , , , , ,		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	χ COMMERCIAL GENERAL LIABILITY			GL 4048017		01/01/2024	01/01/2025	EACH OCCURRENCE	\$	5,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	5,000,000		
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY			CA6675880		01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	4,000,000		
Α	X ANY AUTO			\$1,000,000 SIR				BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	ACTOC CINET							(i di docidoni)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
Α	WORKERS COMPENSATION			SP 4067916		01/01/2024	01/01/2025	X PER OTH-				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			S.I.R. \$5,000,000				E.L. EACH ACCIDENT	\$	5,000,000		
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		5,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	5,000,000		
	DESCRIPTION OF CITATIONS BOOM								*			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	ed)				
11120	(SEC) #110003200											
EVI	DENCE OF INSURANCE											
CEI	RTIFICATE HOLDER				CANCELLATION							
COUNTY OF SAN BERNARDINO 175 W 5TH ST FL 1					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
SAN BERNARDINO, CA 92415						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2024

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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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRO	DUCER				CONTACT NAME:							
	RSH RISK & INSURANCE SERVICES IR EMBARCADERO CENTER, SUITE 1100				PHONE FAX (A/C, No, Ext): (A/C, No):							
CALIFORNIA LICENSE NO. 0437153						E-MAIL ADDRESS:						
SAN	FRANCISCO, CA 94111				INSURER(S) AFFORDING COVERAGE							
CN1	01483686-SCAL-CAS-24-25	GLA	LW	CA	INSURE	15105						
INSU	RED SER FOUNDATION HEALTH PLAN, INC.				INSURER B:							
KAIS	SER FOUNDATION HOSPITALS				INSURER C :							
	EAST WALNUT STREET ADENA, CA 91188				INSURE	RD:						
	, •				INSURER E :							
					INSURE							
				NUMBER:		003982884-09		REVISION NUMBER: 5				
IN C	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.											
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
Α	χ COMMERCIAL GENERAL LIABILITY	IIIOD		GL 4048017		01/01/2024	01/01/2025	EACH OCCURRENCE	\$	5,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	5,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000		
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	5,000,000		
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY			CA6675880		01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	4,000,000		
Α	X ANY AUTO			\$1,000,000 SIR				BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							1050	\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SP 4067916		01/01/2024	01/01/2025	X PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A		S.I.R. \$5,000,000				E.L. EACH ACCIDENT	\$	5,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	5,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	5,000,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC JUEST #RC009935	LES (A	ACORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)				
	COUNTY OF SAN BERNARDINO IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. POLICIES INCLUDE A WAIVER OF SUBROGATION WHERE REQUIRED BY WRITTEN CONTRACT AND ALLOWED BY LAW.											
CEI	RTIFICATE HOLDER				CANCELLATION							
COUNTY OF SAN BERNARDINO						ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELI	ED BEFORE		
175 W 5TH ST FL SAN BERNARDINO, CA 92415						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE							
					Mansh Pish & Jusungues Somiess							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2023

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.

ADDITIONAL INCLIDED

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 Willis Towers Watson Certificate Center						
	is Towers Watson Insurance Servi 26 Century Blvd	ces W	lest,	Inc.	PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378							
	Box 305191				E-MAIL ADDRESS: certificates@willis.com							
Nash	ville, TN 372305191 USA				INSURER(S) AFFORDING COVERAGE							
					INSURER A: Illinois Union Insurance Company					NAIC# 27960		
INSU	RED				INSURE							
	er Foundation Health Plan, Inc.				INSURE							
	er Foundation Hospitals Kaiser Plaza, 25 Bayside											
Oakl	and, CA 94612				INSURER D : INSURER E :							
CO	/ERAGES CEF	TIFI	CATE	NUMBER: W30474780	INSURER F :							
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.												
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	I		POLICY EFF (MM/DD/YYYY)		LIMIT	s			
- I/X	COMMERCIAL GENERAL LIABILITY	INSD	VVVD	I OLIO I NOMIDEN		(1111) (UU:mm,	(ייייייייייייייייייייייייייייייייייייי	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	CEAINIS-INIADE COCOIX							MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	PRO-											
								PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	LIMBRELLALIAR								-			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A	Privacy Liability			EON G25841219 014	.	10/01/2023		Each Claim/Aggregate		*		
	Data Breach Fund							Each Claim/Aggregate	\$5,000	0,000		
	Network Security Liability							Each Claim/Aggregate	\$5,000	0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Request #: RC008386												
	RTIFICATE HOLDER				CANCELLATION							
County of San Bernardino					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Employee Benefits and Services Division						AUTHORIZED REPRESENTATIVE						
157 West 5th Street, 1st Floor						not all						
San	Bernardino, CA 92415			J	11kh Chen							

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BATCH: 3149878

ISSUE DATE (MM/DD/YY) **EVIDENCE OF COVERAGE** 05/23/2024 **SPONSOR** THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR Kaiser Foundation Health Plan, Inc. ALTER THE COVERAGE ARRANGEMENTS SET FORTH BELOW. Attention: Corporate Risk Management One Kaiser Plaza, 25th Fl. Oakland, CA 94612 **COVERAGE AFFORDED LETTER A COVERED ENTITIES** Self-insured Kaiser Foundation Health Plan, Inc. Kaiser Foundation Hospitals **COVERAGES** TYPE OF COVERAGE СО DESCRIPTION **EFFECTIVE DATE EXPIRATION** LIMITS LTR (MM/DD/YY) DATE (MM/DD/YY) Α Hospital/Physician/Professional Self-Insured 1/1/2024 1/1/2025 Each Occurrence: \$5,000,000 Liability Annual Aggregate: None DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS This certificate provides evidence of professional liability coverage for the above-named entities in accordance with a written contract or agreement. [RC009426] **CERTIFICATE HOLDER CANCELLATION** County of San Bernardino **NOT APPLICABLE** 175 w 5th St. FL 1, **AUTHORIZED REPRESENTATIVE** San Bernardino, CA 92415

Martin King, VP