# CERTIFICATE OF COVERAGE

DATE (MM/DD/YYYY)
6/30/2023

**PRODUCER**

Alliant Insurance Services, Inc.
560 Mission Street, 6th Floor
San Francisco CA 94105

**NAMED COVERED PARTY**

CSU, Los Angeles
Corporate Yard (CY) Building, Room 244
5151 State University Drive
Los Angeles CA 90032

**THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE 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 MEMORANDUM(S) OF COVERAGE BELOW.**

**THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PARTY, THE MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).**

**IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT ON THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).**

**PROGRAM AFFORDING COVERAGE**

**A:** CSURMA

**B:**

**C:**

## COVERAGES

THIS IS TO CERTIFY THAT THE COVERAGE IS AFFORDED TO THE ABOVE NAMED MEMBER, AS PROVIDED BY THE MEMORANDUM(S) OF COVERAGE, FOR THE PERIOD SHOWN BELOW, NOT WITHSTANDING 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 PROGRAM DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUM(S) OF COVERAGE. THE FOLLOWING COVERAGE IS IN EFFECT.

| JPA LTR | TYPE OF COVERAGE | MEMORANDUM NUMBER | COVERAGE EFFECTIVE DATE (MM/DD/YY) | COVERAGE EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| A | **GENERAL LIABILITY**<br>[ ] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS MADE [X] OCCUR<br>[X] Contractual Liab<br>[X] SIR $250,000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] MEMORANDUM [ ] PROJECT [ ] LOC | CSURMA-LIAB-2324 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) | $ 2,000,000 |
| | | | | | MED EXPENSE (Any one person) | $ Excluded |
| | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | | | | | GENERAL AGGREGATE | $ 4,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG | $ 4,000,000 |
| | | | | | Sexual Abuse | $2,000,000 |
| | **AUTOMOBILE LIABILITY**<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS<br>[ ] NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | $<br>$ |
| | | | | | | |
| | | | | | | |
| A | **WORKERS' COMPENSATION AND EMPLOYERS LIABILITY**<br>ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER EXCLUDED?<br>IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW | CSURMA-WC-2324 | 7/1/2023 | 7/1/2024 | [X] WC STATUTORY LIMITS [ ] OTHER | |
| | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | | | | | E.L. DISEASE – EA EMPLOYEE | $ 1,000,000 |
| | | | | | E.L. DISEASE – POLICY LIMIT | $ 1,000,000 |
| | **OTHER** | | | | | |
| | **OTHER** | | | | | |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS**

Note: Workers' Compensation Coverage is provided as evidence only.
Cedars-Sinai Medical Center and its directors, officers, agents and employee are named as additional covered parties as respects the Amendment No. 10 to Student Affiliation Agreement No. 6712-0159 for Speech Language Pathology Program to obtain clinical experience. Term of Agreement: March 20, 2013 - March 31, 2025.

**CERTIFICATE HOLDER**

Cedars-Sinai Medical Center, Physical Medicine and Rehabilitation
Attn: Hugh Cooper
8700 Beverly Blvd., 7215
Los Angeles CA 90048

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUM(S) OF COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUM(S) OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE David T. Howell