# 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 | |
|---|---|---|---|---|---|---|
| | **GENERAL LIABILITY** | | | | EACH OCCURRENCE | $ |
| | ☐ COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | $ |
| | ☐ CLAIMS MADE ☐ OCCUR | | | | MED EXPENSE (Any one person) | $ |
| | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS-COMP/OP AGG | $ |
| | ☐ MEMOR-ANDUM ☐ PROJECT ☐ LOC | | | | | |
| | **AUTOMOBILE LIABILITY** | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | $ |
| | ☐ ALL OWNED AUTOS | | | | | |
| | ☐ SCHEDULED AUTOS | | | | | |
| | ☐ HIRED AUTOS | | | | | |
| | ☐ NON-OWNED AUTOS | | | | | |
| A | **WORKERS' COMPENSATION AND EMPLOYERS LIABILITY** | CSURMA-WC-2324 | 7/1/2023 | 7/1/2024 | X WC STATUTORY LIMITS ☐ OTHER | |
| | ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW | | | | 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**

Evidence of coverage as respects the Education Affiliation Agreement No. 6718-0113 for clinical learning experiences during the policy period.

**CERTIFICATE HOLDER**

Corona Regional Medical Center
800 S. Main Street
Corona CA 92882

**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