



SOROP-4

OP ID: EE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|   |  |                     |  |  |                                    |
|---|--|---------------------|--|--|------------------------------------|
| <b>PRODUCER</b><br>Pacific Ag Insurance-Corcoran<br>1320 Whitley Avenue<br>Corcoran, CA 93212<br>JP Holeman               |  | <b>559-992-1245</b> |  | <b>CONTACT NAME:</b> Joanna Acosta                   |                                    |
|   |  |                     |  | <b>PHONE (A/C, No, Ext):</b> 559-992-1245            | <b>FAX (A/C, No):</b> 559-992-8185 |
|   |  |                     |  | <b>E-MAIL ADDRESS:</b> JoannaA@pacificaginsurane.com |                                    |
|   |  |                     |  | <b>INSURER(S) AFFORDING COVERAGE</b>                 |                                    |
|   |  |                     |  | <b>INSURER A:</b> NOVA Casualty Company              |                                    |
|   |  |                     |  | <b>NAIC #</b> 42552                                  |                                    |
| <b>INSURED</b><br>Soroptimist International of the Americas (CLUBS)<br>1709 Spruce St Suite 101<br>Philadelphia, PA 19103 |  |                     |  | <b>INSURER B:</b>                                    |                                    |
|   |  |                     |  | <b>INSURER C:</b>                                    |                                    |
|   |  |                     |  | <b>INSURER D:</b>                                    |                                    |
|   |  |                     |  | <b>INSURER E:</b>                                    |                                    |
|   |  |                     |  | <b>INSURER F:</b>                                    |                                    |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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 INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Prof Liab<br><input checked="" type="checkbox"/> Sexual Abuse<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CF1-ML-10002582-06 | 04/01/2024              | 04/01/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>liquorlia \$ 1,000,000 |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | CF1-ML-10002582-06 | 04/01/2024              | 04/01/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | CF1-ML-10002582-06 | 04/01/2024              | 04/01/2025              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N / A    |                    |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Social Services General Liability extra endroement applies as per form

AGL09340717

Event Name &amp; Date:

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
|  | 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<br>JP Holeman  |

The Social Services General Liability Endorsement applies as follows:

The rating for this endorsement includes the following special events

(1) All indoor special events with less than 2,500 attendees that are less than 24 hours in duration; and

(2) All outdoor special events with less than 2,500 attendees that are less than 24 hours in duration.

b. The following special events shall be separately rated for additional premium:

(1) Any special event that exceeds the number of attendees or duration as show in 3.a. (1) or 3.1. (2) above;

(2) Any parade, fair or carnival; or

(3) Any athletic, sporting, or motor vehicle event including walks, runs, tournaments, demonstrations, rallies or competitive activies.