

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2023

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.

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 liquid such endorsement(s).

		icate does not confer rights to							uire an endorsement. A	staten	ent on	
PRC	DUCER	ROBERT M. GALLIGAN & ASSOCIATES, INC					CONTACT Don Curtis					
		P. O. BOX 1231	-	1	PHONE (A/C, No, Ext): (530) 742-3243 FAX (A/C, No): (530) 742-5818							
		419 SIXTH STREET				E-MAIL dcurtis@galliganinsurance.com						
		MARYSVILLE			CA 95901	ADDRE						
							NONDE		rding coverage JRANCE ALLIANCE OF C	٠,٨	NAIC # 10023	
INSURED							INCORCENTA.				10023	
mot	DICED	COLUMBIAN FOUNDATION SUPPOR			TING PEOPLE WITH INSUR		SURER B :					
		INTELLECTUAL DISABILITIES, INC				INSURE	INSURER C:					
		P.O. BOX 3062				INSURE	RD:			******		
		Cerritos			CA 90703-	INSURE	RE:	mr.				
						INSURE	RF:					
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 ADDLS				SUBR								
LTR. A	1.2.7	TYPE OF INSURANCE IMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	1	LIMIT		1 000 000	
^	7 COM	V			2023-65142-NPO		07/01/2023	07/01/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
		CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$	500,000	
	H-								MED EXP (Any one person)	\$	20,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
		GREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLI	CY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	ОТН									\$		
Α		BILE LIABILITY			2023-65142-NPO		07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		AUTO							BODILY INJURY (Per person)	\$		
		OS ONLY AUTOS	ĺ						BODILY INJURY (Per accident)	\$		
	X HIRE	DS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									, ,	\$		
Α	X UMB	RELLA LIAB X OCCUR			2023-65142-UMB-NPO		07/01/2023	07/01/2024	EACH OCCURRENCE	\$	2,000,000	
	EXCE	ESS LIAB CLAIMS-MADE						·	AGGREGATE	\$	2,000,000	
	DED	RETENTION \$								\$		
		COMPENSATION OYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPI	RIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	(Mandatory	TEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, description	ribe under ION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	¢		
A		ORS & OFFICERS POLICY			2023-65142-DO		07/01/2023	07/01/2024	EACH OCCURRENCE	4	51,000,000	
									GENERAL AGGREGATE		51,000,000	
										,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER							CANCELLATION AI 116428					
FOR VERIFICATION PURPOSES ONLY												
							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					
							Vauld W. Co					