



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/01/2019

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 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> CS Risk Management JPA 1950 South Sunwest Lane, Suite 100 San Bernardino, CA 92408-3264	<b>CONTACT NAME:</b>	
	<b>PHONE:</b> (909) 763-4900	<b>PHONE A/C. NO:</b> (909) 763-4939
<b>INSURED:</b>  RIVERSIDE COMMUNITY COLLEGE DISTRICT 4800 MAGNOLIA AVENUE RIVERSIDE CA 92506	<b>E-MAIL ADDRESS:</b>	
	<b>PRODUCER:</b>	
	<b>CUSTOMER ID #</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> SOUTHERN CALIFORNIA SCHOOLS RISK	
	<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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	X		CSRM2020RM	7/1/2019	6/30/2020	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	
	<input checked="" type="checkbox"/> WRONGFUL ACTS						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> ERRORS & OMISSIONS						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> EMPLOYMENT PRACTICES						PRODUCTS-COMP/OP AGG.	\$ 1,000,000
	<input checked="" type="checkbox"/> ALLIED HEALTH COURSE							
	GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY EXCESS OF SIR</b>			CSRM2020RM	7/1/2019	6/30/2020	COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						LIMIT	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per Accident)	
	<input type="checkbox"/> NON-OWNED AUTOS							
A	<b>EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> Y/N	N/A		CSRM2020RM	7/1/2019	6/30/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETARY/PARTNER / EXECUTIVE OFFICER / MEMBER <input checked="" type="checkbox"/> N						E.L. EACH ACCIDENT	\$ 1,000,000
	(MANDATORY IN NH) IF YES, DESCRIBE UNDER DESCRIPTION O FOPERATIONS BELOW						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<b>PROPERTY</b>			CSRM2020RM	7/1/2019	6/30/2020	EACH OCCURRENCE ALLRISK	\$ 25,000,000
							EACH OCCURRENCE FLOOD	\$ 25,000,000
A	<b>CRIME</b>			CSRM2020RM	7/1/2019	6/30/2020	EACH OCCURRENCE	\$ 2,000,000
A	<b>CYBER</b>			CSRM2020RM	7/1/2019	6/30/2020	CLAIMS MADE AND REPORTED	\$ 2,000,000
A	<b>POLLUTION</b>			CSRM2020RM	7/1/2019	6/30/2020	CLAIMS MADE AND REPORTED	\$ 10,000,000
A	<b>EMPLOYMENT CLAIMS</b>			CSRM2020RM	7/1/2019	6/30/2020	OCCURRENCE	
A	<b>STUDENT ACCIDENT</b>			CSRM2020RM	7/1/2019	6/30/2020	\$50,000 COVERAGE (CLASS 1) \$25,000 (CLASS 2 AND 3)	
A	<b>STUDENT PROFESSIONAL LIABILITY</b>			CSRM2020RM	7/2/2019	6/30/2020	\$1,000,000 EACH OCCURRENCE \$3,000,000 AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Accord 101, Additional Remarks Schedules, if more space is required)

EVIDENCE OF COVERAGE

PROOF OF COVERAGE FOR RIVERSIDE COMMUNITY COLLEGE DISTRICT DURING FISCAL YEAR 2019/2020.

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE OF COVERAGE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.