

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/23/2025

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).

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PRODUCER	CONTACT NAME:					
Lakenan 890 Rozier Street	PHONE (A/C, No, Ext): 573-883-7446 FAX (A/C, No): 573-883	3-3981				
Sainte Genevieve MO 63670	E-MAIL ADDRESS: coi@lakenan.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: PHILADELPHIA INSURANCE COMPANY	6777				
NSURED ADJBASE-01	INSURER B:					
	INSURER C:					
18018 Eads Avenue	INSURER D:					
Chesterfield MO 63005-1101	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 982111840	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA		-				
COVERAGES CERTIFICATE NUMBER: 982111840	INSURER C: INSURER D: INSURER E: INSURER F: REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	VHICH THIS				

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.

TYPE OF INSURANCE

ADDLISUBR | POLICY EFF | POLICY EXP | POLICY

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY			PHPK2632045	1/1/2025	1/1/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$0
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			PHPK2632045	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						,	\$
	Х	AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Х	UMBRELLA LIAB X OCCUR			PHUB892173	1/1/2025	1/1/2026	EACH OCCURRENCE	\$3,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000
		DED X RETENTION \$ 10,000							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	datory in NH)	IX, A					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A A A	Abu	dent Medical Expense sive Conduct Liability cipant Legal Liability			PHPA150833 PHPK2632045 PHPK2632045	1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	Per Occurrence Aggregate Aggregate	100,000 3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AUTOMATIC ADDITIONAL INSURED: OWNERS AND / OR LESSORS OF PREMISES, LESSORS OF LEASED EQUIPMENT, SPONSORS OR COPROMOTERS SUBJECT TO A WRITTEN AGREEMENT.

CERTIFICATE HOLDER CAN	NCELLATION
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City of Manteca, its officers, officials, employees, agents, and volunteers
1001 West Center Street
Manteca CA 95337

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED: OWNERS AND / OR LESSORS OF PREMISES, LESSORS OF LEASED EQUIPMENT, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This policy is amended to include as an additional Insured any person or organization of the types designated below, but only with respect to liability arising out of your operations:

- 1. Owners and / or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:
 - This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
 - b. This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and / or lessor of the premises;
 - c. This insurance does not apply to liability of the owners and / or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to the sole negligence of such additional insured.

- 2. Lessor of Leased Equipment, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s) subject to the following additional exclusions:
 - a. This insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- 3. Sponsors
- 4. Co-Promoters