## ATTACHMENT F Certificate of Liability Insurance

COMMSOL-01

SABADJIAN



## CERTIFICATE OF LIABILITY INSURANCE

8/31/2021

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).

PRODUCER	CONTACT Silva Abadjian				
Smith Brothers Insurance, LLC. 68 National Drive		FAX (A/C, No):			
Glastonbury, CT 06033	E-MAIL ADDRESS: sabadjian@smithbrothersusa.com				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Philadelphia Indemnity		18058		
INSURED	INSURER B : Philadelphia Insurance Co.		23850		
Community Solutions, Inc	INSURER C : StarNet Insurance Company		40045		
340 West Newberry Road Bloomfield, CT 06002	INSURER D :				
	INSURER E :				
	INSURER F:				

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 SU	BR	POLICY EFF	POLICY EXP (MM/DD/YYYY)		
A	X COMMERCIAL GENERAL LIABILITY	INSD W	VD	(IMIMI/DD/1111)	(WIWI/DD/1111)	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR	X	PHPK2321316	9/1/2021	9/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
						MED EXP (Any one person)	\$ 5,00
						PERSONAL & ADV INJURY	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:					EBL AGG	\$ 1,000,00
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X ANY AUTO		PHPK2321316	9/1/2021	9/1/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR			9/1/2021	9/1/2022	EACH OCCURRENCE	\$ 5,000,00
	EXCESS LIAB CLAIMS-MADE		PHUB783977			AGGREGATE	\$
	DED X RETENTION \$ 10,000						\$ 5,000,00
С	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X PER OTH- STATUTE ER	
				7/1/2022	E.L. EACH ACCIDENT	\$ 1,000,00	
						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Prof \$1M/\$2M Abuse		PHPK2321316	9/1/2021	9/1/2022	& Molestation \$1M/	3,000,00
Α	Building 17,374,747		PHPK2321316	9/1/2021	9/1/2022	BPP 1,979,954 B Inc	6,266,54

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as an Additional Insured as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
	OANOELEANON

County of Santa Barbara Sheriff's Office 4436 Calle Real Santa Barbara, CA 93110-0000 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

Tristyle M. Konsustely