

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/01/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>6100 Fairview Rd Ste 1400</b> <b>Charlotte, NC 28210</b> <b>704 543-0258</b>	<b>CONTACT NAME:</b> Susan McCormack <b>PHONE (A/C, No, Ext):</b> 980-265-5819 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> susan.mccormack@usi.com														
<b>INSURED</b> <b>Baker &amp; Taylor, LLC</b> <b>2810 Coliseum Center Drive</b> <b>Charlotte, NC 28217</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1433 478"><b>INSURER A : Phoenix Insurance Company</b></td> <td data-bbox="1433 451 1572 478"><b>25623</b></td> </tr> <tr> <td data-bbox="816 478 1433 506"><b>INSURER B : Travelers Property Cas. Co. of America</b></td> <td data-bbox="1433 478 1572 506"><b>25674</b></td> </tr> <tr> <td data-bbox="816 506 1433 533"><b>INSURER C : Great American Alliance Insurance Co.</b></td> <td data-bbox="1433 506 1572 533"><b>26832</b></td> </tr> <tr> <td data-bbox="816 533 1433 560"><b>INSURER D :</b></td> <td data-bbox="1433 533 1572 560"></td> </tr> <tr> <td data-bbox="816 560 1433 588"><b>INSURER E :</b></td> <td data-bbox="1433 560 1572 588"></td> </tr> <tr> <td data-bbox="816 588 1433 615"><b>INSURER F :</b></td> <td data-bbox="1433 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Phoenix Insurance Company</b>	<b>25623</b>	<b>INSURER B : Travelers Property Cas. Co. of America</b>	<b>25674</b>	<b>INSURER C : Great American Alliance Insurance Co.</b>	<b>26832</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>H630A0440117PHX24</b>	<b>11/02/2024</b>	<b>11/02/2025</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$10,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>BAA051606124I3G</b>	<b>11/02/2024</b>	<b>11/02/2025</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED <input checked="" type="checkbox"/> RETENTION <b>\$10,000</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>CUPA051781924I3</b>	<b>11/02/2024</b>	<b>11/02/2025</b>	EACH OCCURRENCE <b>\$25,000,000</b> AGGREGATE <b>\$25,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>WCE78380203 (AOS)</b> <b>WCF11238701 (WI)</b>	<b>11/02/2024</b> <b>11/02/2024</b>	<b>11/02/2025</b> <b>11/02/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>

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

City of South San Francisco is an is additional insured on the General Liability and Auto Liability if required by written/executed contract before a loss on a primary and non-contributory basis, including ongoing and completed operations. follows form over the General Liability, Auto Liability and Employers Liability. Waiver of Subrogation applies to the General Liability, Auto Liability and Workers Compensation if required by contract and where permitted by law.

**CERTIFICATE HOLDER****CANCELLATION**

<b>City Clerk</b> <b>City of South San Francisco</b> <b>400 Grand Avenue</b> <b>South San Francisco, CA</b> <b>94080-0000</b>	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 
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