



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2020

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 Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc LIC #0726293 18201 Von Karman Ave Suite 200 Irvine CA 92612		CONTACT NAME: Nasreen Kopecky PHONE (A/C, No, Ext): 949-349-9857 E-MAIL ADDRESS: nasreen_kopecky@ajg.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arizona Counties Insurance Pool	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 480406855 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pub Offis' E&O <input checked="" type="checkbox"/> Misc Med Mal E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ACIP070120	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ Not Covered PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Errors & Omissions \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Collision	Y	Y	ACIP070120	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductibles \$ \$2,500/\$2,500
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	ACIPWC070120	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Sexual Abuse	N	N	ACIP070120	7/1/2020	7/1/2021	Per Claim \$250,000 Aggregate \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees are additional insured as respects to General and Auto Liability, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. Sexual Abuse and Molestation coverage is included. Insurance is Primary & Non-contributory. Waiver of Subrogation applies as required by written contract.
 Re: AGO Project No: AG21-0005 – Child and Family Advocacy Center Fund

CERTIFICATE HOLDER State of Arizona Office of the Attorney General 2005 N. Central Avenue Phoenix AZ 85004	CANCELLATION 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

ENDORSEMENT NO. 11 – Additional Insured – INSURED CONTRACT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER SECTION I, COMPREHENSIVE GENERAL LIABILITY. PLEASE READ IT CAREFULLY.

1. The following is added to **SECTION I COMPREHENSIVE GENERAL LIABILITY**:

Any person(s), entity(ies), or organization(s) to whom the **NAMED MEMBER** is obligated by virtue of an **INSURED CONTRACT** to provide coverage solely with respect to **BODILY INJURY** and **PROPERTY DAMAGE** and arising out of:

- a. **PREMISES** leased, rented, used or occupied by you;
- b. **AUTOMOBILES** leased or rented by you;
- c. Equipment owned, leased, rented, maintained or used by you; or
- d. Mortgagees of a **NAMED MEMBER**.

However, this insurance under this endorsement does not apply to:

- 1) Any **OCCURRENCE** which takes place prior to or after you cease to occupy the **PREMISES** as stated in the **INSURED CONTRACT**.
- 2) Any structural alteration, new construction or demolition operations performed by or on behalf of the additional insured.
- 3) Any **WRONGFUL ACT, EMPLOYMENT PRACTICES VIOLATION, or NEGLIGENT ACT, ERROR, OR OMISSION**.

The limits of Coverage afforded under this endorsement will be limited to the Limits of Insurance required within the terms of the **INSURED CONTRACT** or the Limits of Coverage of this MOC, whichever is less, and will apply in excess of any underlying insurance or your Member Deductible shown in the Declarations. We will not be obligated for Limits of Insurance shown in the **INSURED CONTRACT** that are greater than the Limits of Coverage of this MOC.

**ENDORSEMENT NO. 11 – Additional Insured – INSURED
CONTRACT (Continued)**

DEFINITIONS

INSURED CONTRACT means:

1. A contract for **PREMISES** leased, rented or loaned to you. However, that portion of the contract for a lease of **PREMISES** that indemnifies any person or organization for damage by fire to **PREMISES** while rented to you or temporarily occupied by you with permission of the owner is not an **INSURED CONTRACT**;
2. A sidetrack agreement;
3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
4. An obligation, as required by ordinance;
5. An elevator maintenance agreement;
6. That part of any other contract or agreement pertaining to your business under which you assume the tort liability to pay for **BODILY INJURY** or **PROPERTY DAMAGE** to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

INSURED CONTRACT does not include an agreement to indemnify the following:

1. A railroad for construction or demolition operations within 50 feet of railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass, or crossing;
2. An architect, engineer, or surveyor for their professional services.

Except as amended in this Endorsement, this coverage is subject to all coverage terms, clauses and conditions in the policy to which this Endorsement is attached.