

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2018

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).

this certificate does not come rights to the certificate noticer in fied of such endorsement(s).						
PRODUCER Keenan & Associates		CONTACT NAME:				
4204 Riverwall Riverside, CA	k Parkway Suite 400	PHONE (A/C, No, Ext): 951-715-0190 FAX (A/C, No):	951-715-0166			
Riverside, CA	92505	E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
www.keenan.com	0451271	INSURER A: American Alternative Insurance Corp	19720			
INSURED	hts Asadomy	INSURER B: Old Republic Insurance Company	24147			
Julia Lee Performing A 29991 Canyon Hills R	nad	INSURER C:				
Lake Elsinore CA 925	532	INSURER D:				
		INSURER E:				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 43620989 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	SR FR TYPE OF INSURANCE			SUBR		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	1	COMMERCIAL GENERAL LIABILITY	1		GPPA-PF-6056981-00/000	7/20/2018	7/20/2019	EACH OCCURRENCE	\$\$1,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$1,000,000
								MED EXP (Any one person)	\$\$10,000
								PERSONAL & ADV INJURY	\$\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$\$3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$\$3,000,000
		OTHER:							\$
Α	ΑU	TOMOBILE LIABILITY			GPPA-PF-6056981-00/000	7/20/2018	7/20/2019	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α		UMBRELLA LIAB OCCUR			GPPA-PF-6056981-00/000	7/20/2018	7/20/2019	EACH OCCURRENCE	\$\$4,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$\$4,000,000
		DED RETENTION \$							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			201801-10-21-95-5	7/20/2018	7/20/2019	✓ PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/ N		N/A					E.L. EACH ACCIDENT	\$\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		,					E.L. DISEASE - EA EMPLOYEE	\$\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$\$1,000,000
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORE) 101, Additional Remarks Schedule, may b	e attached if more	e space is require	ed)	
Proof of coverage for Julia Lee PAA during the referenced program year.									
Troof of corollage for called 200 from calling the following program your.									
Certificate holder and the City of San Diego are listed as an additional insured per Section II- 2-j of the Named Insured policy (see attached).									
I									

CERTIFICATE HOLDER	CANCELLATION
First Assembly of God Attn: Pastor Fred Rodriguez 19740 Grand Avenue Lake Elsinore CA 92530	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lake Lisinore GA 92330	John Stephens

© 1988-2015 ACORD CORPORATION. All rights reserved.

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of any contractual liability exclusions or exceptions to exclusions, such payments will not be deemed to be damages and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when:

- (1) We have used up the applicable limit of insurance in the payment of judgments or settlements; or
- (2) The conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

SECTION II - WHO IS AN INSURED

- 1. If you are designated in the Declarations as:
 - **a.** An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business. However, if you are a public entity, you are insured as a partner in a partnership or as a joint venturer in a joint venture, but only if the partnership or joint venture is between you and another governmental organization or non-profit entity. Coverage does not extend to a partnership or joint venture that operates, controls, or funds a hospital or medical clinic, nursing home, airport, port, public housing, or a gas or electric generation facility.
 - **c.** A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your directors, trustees or members of your school board or your governing board by whatever name are insureds but only with respect to their duties as your directors, trustees or board members. Your stockholders are also insureds, but only with respect to their liability as stockholders.
 - e. A public entity, you are an insured. Your operating authorities, boards, commissions, districts or any other governmental units are insureds, provided that you operate, control, and fund the authority, board, commission, district, or other governmental unit. Coverage does not extend to an authority, board, commission, district, or other governmental unit that operates, controls, or funds a hospital or medical clinic, nursing home, airport, port, public housing, or a gas or electric generation facility.
 - **f.** A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- **2.** Each of the following is also an insured:
 - a. Elected Or Appointed Officials. Your elected or appointed officials, including elected or appointed officials of your operating authorities, boards, commissions, districts, or other governmental units but only for acts within the course and scope of their duties for the insured public entity or its operating authorities, boards, commissions, districts or other governmental units.
 - **b.** Employees And Volunteer Workers. "Employees" and "volunteer workers", but only for acts within the course and scope of their employment or volunteer activities for you.

GGL101 (12-17)

Page 16 of 28

- **c. Real Estate Managers.** Any person (other than your "employee" or "volunteer worker") or any organization while acting as your real estate manager.
- **d. Temporary Custodians.** Any person or organization having proper temporary custody of your property if you die, but only:
 - (1) With respect to liability arising out of the maintenance or use of that property; and
 - (2) Until your legal representative has been appointed.
- **e.** Legal Representatives. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
- f. Medical Directors. Physicians who are your medical directors, but only for acts within the course and scope of their medical director duties on behalf of your "emergency service activity".
- **g. Mutual Aid Agreements.** Any persons or organizations providing service to you under any mutual aid or similar agreement, but only for acts within the scope of that mutual aid or similar agreement.
- h. Good Samaritans. "Employees" and "volunteer workers" while acting as a Good Samaritan independently of his or her activities on your behalf, but only when he or she encounters the scene of an emergency requiring sudden action. In no event will such person who responds to the scene of an emergency with or for any other emergency service organization be an insured.
- i. Owners Of Commandeered Equipment. The owner of commandeered equipment other than an "auto" is an insured while the equipment is in your temporary care, custody or control and is being used as part of an "emergency service activity".
- **j. Blanket Additional Insureds.** Any person or organization required to be an additional insured under an "insured contract", if agreed to by you prior to the "bodily injury", "property damage", or "personal and advertising injury", caused in whole or in part by your acts or omissions or the acts or omissions of those acting on your behalf:
 - (1) In the performance of your operations; or
 - (2) In connection with premises owned or rented by you.
- **k. Student Teachers.** Any of your student teachers who are teaching as part of their educational requirements are insureds, but only with respect to their duties in connection with their position as such.
- I. Student Body Organizations. Any student body organization acting under the jurisdiction of your governing board is an insured, but only while under the supervision required by the governing board.
- **m.** Parent Teacher Organizations Or Associations. Any parent teacher organization or association acting under the jurisdiction of your governing board is an insured, but only while under the supervision required by the governing board.
- **3.** Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - **a.** Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
 - **b.** Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - **c.** Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

GGL101 (12-17)