



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

TW942693

DATE (MM/DD/YYYY) 05/11/2021
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AGENCY Edgewood Partners Insurance Center P.O. Box 232017 Pleasant Hill, CA 94523	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> CARRIER Nova Casualty Company </td> <td style="width: 20%;"> NAIC CODE 42552 </td> </tr> <tr> <td colspan="2"> COMPANY POLICY OR PROGRAM NAME General Liability / HNOA </td> </tr> <tr> <td colspan="2"> PROGRAM CODE </td> </tr> <tr> <td colspan="2"> POLICY NUMBER TBD </td> </tr> <tr> <td> UNDERWRITER </td> <td> UNDERWRITER OFFICE </td> </tr> <tr> <td> STATUS OF TRANSACTION </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>QUOTE</td> <td><input type="checkbox"/></td> <td>ISSUE POLICY</td> <td><input type="checkbox"/></td> <td>RENEW</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="6">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input type="checkbox"/></td> <td>AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CANCEL</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>PM</td> <td><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td> CONTACT NAME: Doug Williams PHONE (A/C. No. Ext.): (925) 682-7001 FAX (A/C. No.): (925) 682-7024 E-MAIL ADDRESS: </td> <td> </td> </tr> <tr> <td> CODE: </td> <td> SUBCODE: </td> </tr> <tr> <td colspan="2"> AGENCY CUSTOMER ID: LOSMEDA-01 License # 0B29370 </td> </tr> </table>	CARRIER Nova Casualty Company	NAIC CODE 42552	COMPANY POLICY OR PROGRAM NAME General Liability / HNOA		PROGRAM CODE 		POLICY NUMBER TBD		UNDERWRITER 	UNDERWRITER OFFICE 	STATUS OF TRANSACTION 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>QUOTE</td> <td><input type="checkbox"/></td> <td>ISSUE POLICY</td> <td><input type="checkbox"/></td> <td>RENEW</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="6">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input type="checkbox"/></td> <td>AM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CANCEL</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>PM</td> <td><input type="checkbox"/></td> </tr> </table>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):						CHANGE	DATE	TIME	<input type="checkbox"/>	AM	<input type="checkbox"/>	CANCEL			<input type="checkbox"/>	PM	<input type="checkbox"/>	CONTACT NAME: Doug Williams PHONE (A/C. No. Ext.): (925) 682-7001 FAX (A/C. No.): (925) 682-7024 E-MAIL ADDRESS: 		CODE: 	SUBCODE: 	AGENCY CUSTOMER ID: LOSMEDA-01 License # 0B29370	
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SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 07/10/2021	PROPOSED EXP DATE 07/10/2022	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT O	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Los Medanos Community Healthcare District P.O. Box 8698 Pittsburg, CA 94565-8698	GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
BUSINESS PHONE #: 					
WEBSITE ADDRESS 					
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 					
BUSINESS PHONE #: 					
WEBSITE ADDRESS 					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 					
BUSINESS PHONE #: 					
WEBSITE ADDRESS 					
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CONTACT INFORMATION

AGENCY CUSTOMER ID: **LOSMEDA-01**

TW942693

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2311 Loveridge Road		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pittsburg	STATE: CA		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Contra Costa	ZIP: 94565						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Hospital Building-leased to Contra Costa County for approximately \$100,000annually. District disburses grants to community causes								ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2311 Loveridge Road		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Pittsburg	STATE: CA		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Contra Costa	ZIP: 94565						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Land adjacent to insd used as community garden, controlled by people using it - Residents of Pittsburg/Bay Point who apply for plot; District owns land								ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$
				INSIDE		OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$
				INSIDE		OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
Hospital Building-leased to Contra Costa County for approx \$100k/yr District disburses grants to community causes. Land adjacent to insd used as community garden, controlled by people					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		%		%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:				REFERENCE / LOAN #:		INTEREST END DATE:		
				LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):
						E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
<input type="text" value="NAME OF TRUST"/>				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED ACORD 101

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020 - 2021	CARRIER	Nova Casualty Co	Nova Casualty Co.		
	POLICY NUMBER	CF1ML1000141503	CF1ML1000141503		
	PREMIUM	\$ 7,781.00	\$	\$	\$
	EFFECTIVE DATE	07/10/2020	07/10/2020		
	EXPIRATION DATE	07/10/2021	07/10/2021		

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: LOSMEDA-01

TW942693

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2019 - 2020	CARRIER	Nova Casualty Co	Nova Casualty Co.		
	POLICY NUMBER	CF1ML1000141502	CF1ML1000141502		
	PREMIUM	\$ 7,661.00	\$	\$	\$
	EFFECTIVE DATE	07/10/2019	07/10/2019		
	EXPIRATION DATE	07/10/2020	07/10/2020		
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST <u>5</u> YEARS						TOTAL LOSSES: \$ 0		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N	
12/27/2013	LIAB	BI Claimant tried to stop elevator w/hand-fractured	07/30/2014			N	Y	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Douglas Williams</i>	PRODUCER'S NAME (Please Print) Doug Williams	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Edgewood Partners Insurance Center	License # 0B29370	NAMED INSURED Los Medanos Community Healthcare District P.O. Box 8698 Pittsburg, CA 94565-8698
POLICY NUMBER TBD		
CARRIER Nova Casualty Company	NAIC CODE 42552	EFFECTIVE DATE: 07/10/2021

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 125 FORM TITLE: COMMERCIAL INSURANCE APPLICATION INFORMATION SECTION

REMARKS

Location #001 hospital building is leased to Contra Costa County under a long term lease which requires the tenant to hold LMHC harmless to provide liability insurance.



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
05/11/2021

AGENCY Edgewood Partners Insurance Center	License # 0B29370	CARRIER Nova Casualty Company	NAIC CODE 42552
POLICY NUMBER TBD	EFFECTIVE DATE 07/10/2021	APPLICANT / FIRST NAMED INSURED Los Medanos Community Healthcare District	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:		
OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	EACH OCCURRENCE	\$	1,000,000	
<input type="checkbox"/> BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
	EMPLOYEE BENEFITS	\$		
		\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
See attached Forms & Endorsements Schedule.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Bldg or Premises maintained by Insd -incl Prod/Cmpltd Ops	61218	A	117200	010				
1	2	Social Service GL Extra Endt		T						
1	1	Land Occupied as Community Garden, owned by District/Controlled by People using it=Residents of Pittsburg/BayPt	45539	U	1					

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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	SMALL TOOLS	LARGE EQUIPMENT																		
	SMALL TOOLS	LARGE EQUIPMENT																		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																		
7. ANY PARKING FACILITIES OWNED/RENTED?		N																		
8. IS A FEE CHARGED FOR PARKING?		N																		
9. RECREATION FACILITIES PROVIDED?		N																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																		
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		N																		
13. ARE ATHLETIC TEAMS SPONSORED?		N																		
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP															
		<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 13 - 18															
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18															
EXTENT OF SPONSORSHIP:																				
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Doug Williams	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: LOSMEDA-01

TW942693

BUSINESS AUTO SECTIONDATE (MM/DD/YYYY)
05/11/2021

AGENCY Edgewood Partners Insurance Center		License # 0B29370	CARRIER Nova Casualty Company	NAIC CODE 42552
POLICY NUMBER TBD	EFFECTIVE DATE 07/10/2021	NAMED INSURED(S) Los Medanos Community Healthcare District		

COVERAGES / LIMITS**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Barbara Kee			01/23/1944			R0533222	CA					
2	Veronica Penn	F	U	10/12/1978			D1794450	CA					
3	Aaronique Gordon	F	U	11/24/1993			F3223722	CA					
4	Dennisha Marsh	F	U	07/24/1972			D2696529	CA					
5	Jasmine Cisneros	F	U	08/28/1991			F1195174	CA					
6	Martha HernandezRamirez	F	U	10/24/1995			F7318642	CA					
7	Nicole Gardner	F	U	11/28/1982			D1693843						
8	Lamar Thorpe	M	U	04/06/1981			B9521808	CA					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES													Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													N
VEH #	NAME OF OTHER OWNER					VEH #	NAME OF OTHER OWNER						
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?													N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?													N
4. ARE ANY VEHICLES LEASED TO OTHERS?													N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)													N
VEH #	DESCRIPTION				COST	VEH #	DESCRIPTION				COST		
					\$						\$		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)													N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?													N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **LOSMEDA-01**

TW942693

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N										
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	N										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>	N										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #		YEAR		MAKE:			BODY TYPE:			VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
1										PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>					
GARAGING ADDRESS				STREET (Required in KY)				CITY			COUNTY			STATE	ZIP
LIC STATE	TERR		GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW		
CA							0.00						\$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L			
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP / OTC	FG	AA	ST AMT			\$		
FARM	SERVICE		NO-FAULT	UNINS MOTOR	C OF L	FTW	COLL						\$ COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:			TOTAL PREM: \$								


ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)	
		Doug Williams			
APPLICANT'S SIGNATURE			DATE		NATIONAL PRODUCER NUMBER



**CALIFORNIA COMMERCIAL AUTO
COVERAGES/LIMITS SECTION**

LOSMEDA-01

TW942693

DATE (MM/DD/YYYY)

05/11/2021

AGENCY Edgewood Partners Insurance Center	License # 0B29370	APPLICANT (First Named Insured) Los Medanos Community Healthcare District
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000					
	2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	3 <input checked="" type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$					
PHYSICAL DAMAGE							
			TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$		
			COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>			
				3 <input type="checkbox"/> 7 <input type="checkbox"/>			
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>			
	3 <input type="checkbox"/> 7 <input type="checkbox"/>			3 <input type="checkbox"/> 7 <input type="checkbox"/>			
UNINSURED MOTORIST	2 <input type="checkbox"/> 6 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/>			
	3 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$		<input type="checkbox"/> WAIVER OF DEDUCTIBLE	3 <input type="checkbox"/> 7 <input type="checkbox"/>		
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$					
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES	COST OF HIRE \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> IF ANY BASIS					<input type="checkbox"/> COMP \$
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES	GROUP TYPE					<input type="checkbox"/> SPEC C OF L \$
	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> EMPLOYEES	NUMBER OF				<input type="checkbox"/> COLL \$
		VOLUNTEERS	7				
		PARTNERS					
COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY							
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

LOSMEDA-01

TW942693

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE															
						COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE									
LIABILITY	<input type="checkbox"/>	41	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	42	<input type="checkbox"/>	46					\$
	<input type="checkbox"/>	42	<input type="checkbox"/>	47		BI EACH ACCIDENT				\$	<input type="checkbox"/>		43	<input type="checkbox"/>	47						
	<input type="checkbox"/>	43	<input type="checkbox"/>	50		PROPERTY DAMAGE				\$	<input type="checkbox"/>		42	<input type="checkbox"/>	46	<input type="checkbox"/>					
											<input type="checkbox"/>	43	<input type="checkbox"/>	47	<input type="checkbox"/>	F	<input type="checkbox"/>	FTW			
												<input type="checkbox"/>	42	<input type="checkbox"/>	46						\$
												<input type="checkbox"/>	43	<input type="checkbox"/>	47						\$
MEDICAL PAYMENTS	<input type="checkbox"/>	42	<input type="checkbox"/>	46		EACH PERSON				\$			46								\$
	<input type="checkbox"/>	43																			
UNINSURED MOTORIST	<input type="checkbox"/>	42	<input type="checkbox"/>	46	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE									
	<input type="checkbox"/>	43				BI EACH ACCIDENT				\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
	<input type="checkbox"/>	45				PROPERTY DAMAGE				\$	COMP / OTC		48								
												49									
												48									
												49									
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS				48									\$
	<input type="checkbox"/>	NO				\$						49									
TRUCKERS HIRED/BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		<input type="checkbox"/>	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS			STATES	# DAYS	# VEH								
	<input type="checkbox"/>	NO				\$															
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES			GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE											
	<input type="checkbox"/>	NO				EMPLOYEES															
						VOLUNTEERS															
						PARTNERS															
OTHER										OTHER											

COVERED AUTO SYMBOLS
 (41) ANY AUTO
 (42) OWNED AUTOS ONLY
 (43) OWNED COMMERCIAL AUTOS ONLY
 (44) OWNED AUTOS SUBJECT TO NO-FAULT
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
 (46) SPECIFICALLY DESCRIBED AUTOS
 (47) HIRED AUTOS ONLY
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
 (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE	
LIABILITY		61	67	CSL	BI EA PER \$	COMP / OTC	62	67				
		62	68		BI EACH ACCIDENT \$		63	68				
		63	71		PROPERTY DAMAGE \$		64	68				
		64					64					
						SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
							63	68	F	FTW		\$
							64					
						COLLISION	62	67				\$
						WAIVER OF DEDUCTIBLE	63	68				\$
							64					\$
MEDICAL PAYMENTS		62	64		EACH PERSON \$	TOWING & LABOR	63					\$
		63	67				67					
UNINSURED MOTORIST		62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
		63	67		BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
		64			PROPERTY DAMAGE \$	COMP / OTC	69					
							70					
						SPECIFIED CAUSES OF LOSS	69					
							70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	69					\$
	NO			\$		WAIVER OF DEDUCTIBLE	70					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$								
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF							
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER						OTHER				PRIMARY	SECONDARY	

COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
		<i>William C. Jones</i>	