



CRUZSTR-01

AGRAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2021

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 License # 0B48084 Wraith, Scarlett & Randolph Insurance Services, Inc. 509 Bush Street Woodland, CA 95695	CONTACT NAME:		
	PHONE (A/C, No, Ext): (530) 662-9181	FAX (A/C, No): (530) 662-6452	
INSURED Cruz Strategies, LLC 925 L Street, Suite 600 Sacramento, CA 95814	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Amco Insurance Company		19100
	INSURER B : Technology Insurance Company, Inc		42376
	INSURER C : United States Liability Insurance Company		25895
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

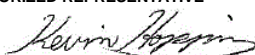
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ACPBPO3048559654	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBPO3048559654	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3940123	2/26/2021	2/26/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liabili			PT2000647	6/14/2021	6/14/2022	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The California Endowment is named as additional insured per the attached endorsement.

CERTIFICATE HOLDER

CANCELLATION

The California Endowment 1000 N Alameda Street Los Angeles, CA 90012	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 

CHANGE OF DECLARATIONS ENDORSEMENT - PLEASE READ CAREFULLY.

POLICY NUMBER ACP BPO 3038559654		PREMIER BUSINESSOWNERS POLICY					
<p>NAMED INSURED: CRUZ STRATEGIES, LLC - DBA CRUZ STRATEGIES</p> <p>MAILING ADDRESS: 925 L ST STE 600 SACRAMENTO, CA 95814-3763</p>							
<p>AGENT NAME: WRAITH SCARLETT & RANDOLPH INS 84 07721 AGENT ADDRESS: WOODLAND CA 95695 050</p>		<p>NO CHARGE \$.00</p>					
<p>POLICY PERIOD: FROM 01-01-21 TO 01-01-22 12:01 A.M. Standard Time EFFECTIVE DATE OF CHANGE: 08-10-21 12:01 A.M. Standard Time</p>		<p>TOTAL PREMIUM \$.00</p>					
<p>NOT A STATEMENT - YOUR BILLING WILL FOLLOW</p>							
<p>***** ADDITIONAL INSURED ***** NO. 005000</p> <p>THE CALIFORNIA ENDOWMENT ADDED NAME THE CALIFORNIA ENDOWMENT</p> <p>ADDED ADDRESS 1000 N ALAMEDA STREET</p> <p>ADDED CITY LOS ANGELES</p> <p>ADDED STATE CA</p> <p>ADDED ZIP CODE 900121804</p> <p>ADDED FORM NUMBER PB6003</p> <p>MUNICIPALITY CHANGE</p> <p>***** ENDORSEMENT *****</p> <p>CHANGED ENDORSEMENT FORM FORM PB6003 A COPY OF THIS FORM IS ATTACHED</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">PREMIUM</th> </tr> </thead> <tbody> <tr> <td style="width: 10px;">\$</td> <td style="width: 10px;">.00</td> </tr> </tbody> </table>		PREMIUM		\$.00
PREMIUM							
\$.00						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MUNICIPALITIES OR PUBLIC AGENCY – INSURED PROVIDING PROFESSIONAL SERVICES

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II. WHO IS AN INSURED:

The municipality and/or public agency designated in the Schedule of this endorsement is also an insured, but only with respect to liability for "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 in connection with your operations, other than the rendering of or the failure to render

professional services, advice of instruction, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to "bodily injury", "property damage" or "personal and advertising injury" that arises out of, in whole or in part, or is a result of, in whole or in part, the active or primary negligence of the municipality and/or public agency designated in the Schedule of this endorsement, whether or not such negligence has been assumed by you in a contract or agreement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Municipality and/or Public Agency:

**SAN DIEGO COUNTY WATER AUTHORITY
ITS DIRECTORS, OFFICERS, EMPLOYEES & AGENTS
4677 OVERLAND AVE
SAN DIEGO CA 921231233**

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SCHEDULE

Municipality and/or Public Agency:

**THE CITY OF SAN JOSE
ITS OFFICIALS, EMPLOYEES, AGENTS AND CONTRACTORS
200 E SANTA CLARA ST
SAN JOSE CA 951131903**

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SCHEDULE

Municipality and/or Public Agency:

**SCAG SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS,
SEE BLANK ENDORSEMENT PB2500
900 WILSHIRE BLVD STE 1700
LOS ANGELES CA 900174729**

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SCHEDULE

Municipality and/or Public Agency:
THE CALIFORNIA ENDOWMENT

**1000 N ALAMEDA STREET
LOS ANGELES CA 900121804**