

# CITY OF RICHMOND CONTRACT AMENDMENT

<b>Department:</b>	<b>Project Manager:</b>
<b>Project Manager E-mail:</b>	<b>Project Manager Phone No:</b>
<b>P.R. No:</b>	<b>Vendor No:</b>
<b>P.O./Contract No:</b>	
<b>Description of Services:</b>	
<b>Amendment No. ____ modifies the: (2<sup>nd</sup> or subsequent amendments attach Amendment History page)</b> <input type="checkbox"/> <b>Term, Payment Limit and Service Plan</b> <input type="checkbox"/> <b>Payment Limit and Service Plan</b> <input type="checkbox"/> <b>Term and Service Plan</b> <input type="checkbox"/> <b>Service Plan</b>	

The parties to this Contract Amendment do mutually agree and promise as follows:

1.     Parties. The parties to this Contract Amendment are the City of Richmond, California, a municipal corporation (City), and the following named Contractor:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business License No: \_\_\_\_\_ / Expiration Date: \_\_\_\_\_

A California ☐ corporation, ☐ limited liability corporation ☐ general partnership, ☐ limited partnership, ☐ individual, ☐ non-profit corporation,  
☐ individual dba as [specify:] \_\_\_\_\_  
☐ other [specify:] \_\_\_\_\_

2.     Purpose. This Contract Amendment is being entered into to amend the Contract between City and Contractor which was approved by the City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_, which **original** term commenced on \_\_\_\_\_ and terminates \_\_\_\_\_ with an **original** contract payment limit of \$ \_\_\_\_\_. Said contract shall hereinafter be referred to as the "Original Contract" and is incorporated herein by reference.

3.     Original Contract Provisions. The parties hereto agree to continue to abide by those terms and conditions of the Original Contract, and any amendments thereto, which are unaffected by this Contract Amendment.

4. Amendment Provisions. This Contract Amendment is subject to the Amendment Provisions attached hereto, which are incorporated herein by reference, and which control over any conflicting provisions of the Original Contract, or any amendment thereto.

5. City of Richmond Business License Active Status Maintained. Pursuant to Municipal Code Section 7.04.030, the Contractor must maintain its City of Richmond business license for this Contract Amendment to be deemed to be in effect.

6. Insurance Coverage Updated and Maintained. Pursuant to the Original Contract, the Contractor shall provide the City with updated insurance certificates, and the Contractor shall maintain insurance coverage, for this Contract Amendment to be deemed to be in effect.

7. Signatures. These signatures attest the parties' agreement hereto:

CITY OF RICHMOND, CALIFORNIA  
a municipal corporation

CONTRACTOR:

By \_\_\_\_\_

\_\_\_\_\_  
(\*The Corporation Chairperson of the Board, President or Vice-President should sign on the line below.)

Title:

By \_\_\_\_\_

I hereby certify that the Original Contract and this Amendment have been approved by the City Council or executed by the City Manager.

Title: \_\_\_\_\_

\_\_\_\_\_  
(\*The Corporation Chief Financial Officer, Secretary or Assistant Secretary should sign on the line below.)

By \_\_\_\_\_  
City Clerk

By: \_\_\_\_\_

Title: \_\_\_\_\_

Approved as to form:

By \_\_\_\_\_  
City Attorney

(NOTE: Pursuant to California Corporations Code Section 313, if Contractor is a corporation or nonprofit organization, this Contract (1) should be signed by the Chairperson of the Board, President or Vice-President and the Chief Financial Officer, Secretary or Assistant Secretary; (2) should have both signatures conform to designated representative groups pursuant to Corporations Code Section 313.

List of Attachments:

1. Amendment Provisions
2. Updated Insurance Certificates

**AMENDMENT PROVISIONS (TERM, PAYMENT LIMIT AND SERVICE PLAN)**

1. Paragraph 2 (Term) of the Original Contract is hereby amended to extend the Contract term. Paragraph 2 of the Original Contract is amended to read as follows:

"2. Term. The effective date of this Contract is

\_\_\_\_\_  
(Insert original contract commencement date)

and it terminates

\_\_\_\_\_.  
(Insert new contract termination date)

unless sooner terminated as provided herein."

2. Paragraph 3 (Payment Limit) of the Original Contract is hereby amended to increase the payment limit by \$\_\_\_\_\_. Paragraph 3 of the Original Contract is amended to read as follows:

"3. Payment Limit. City's total payments to Contractor under this Contract shall not exceed \$\_\_\_\_\_ including expenses."

"The City of Richmond shall not pay for services that exceed the Contract Payment Limit without the prior written approval of the City Manager if the total Contract amount does not exceed \$10,000 or without the prior approval of the City Council if the total Contract amount is over \$10,000."

3. The Service Plan (Exhibit A) of the Original Contract is hereby amended to include the following tasks and/or services:

## **Contract Amendment between the City of Richmond and Safe Organized Spaces (SOS)**

### **Amendment No. 1    Contract No. 6495**

5. Provide services to the unhoused for basic needs to improve health, sanitation, safety, and must refer unhoused and encampment residents to CORE as a first step to providing other services.
6. SOS will provide a weekly report to the city or the city's designee(s) with names, dates and times, and encampment location, of all referrals to the Contra Costa County Coordinated Outreach Referral Engagement (CORE) team for evaluation of vulnerability (VI-SPDAT) and services navigation.
7. SOS will refer SOS program participants after four months employment to Richmond Works Employment and Training (E&T) program to receive additional employment development services based on criteria developed by E&T to determine program participants and ensure participant success.
8. SOS will provide post encampment resolution monitoring by inspecting encampments that have been cleared on a weekly basis for debris cleanup as needed and to identify any new re-encampment efforts and provide outreach services to those residents and refer them to CORE. SOS will also include any referrals from post encampment resolution sites as part of their weekly report.

Contractor acknowledges that they are not authorized to and will not relocate any unhoused and or encampment residents without first consulting with the city and following the procedures that have been outlined under the Encampment Resolution Funding program, the Housing First Program, and the Emergency Shelter Services and must refer them to the CORE Team as a first step for any services.

### **TASKS**

#### **Task: 1. Cleanup of Trash and Dumping - 6 days/week**

The Mobile Streets Team comprised of current and former unhoused encampment residents will drive to city specified encampments and other encampments for trash clean up services and to provide regular service at specific sites. Two mobile team members work for five and a half hours per day, six days a week, totaling 66 hours per week at \$18 per hour. The mobile team leader is present 33 hours per week, six days a week, at \$21 per hour.

Five Local Team members work 4 hours a day, totaling 64 hours per week at \$18 per hour. Two local team leaders are present for a total of 24 hours per week at \$21 per hour. Trash is collected, removed, and disposed of. Basic outreach, communication and developing trust, providing snacks, water, socks, hand warmers, ponchos, tarps, showers, etc., is provided to

**Contract Amendment between the City of Richmond and  
Safe Organized Spaces (SOS)**

**Amendment No. 1    Contract No. 6495**

respond to survival needs and build trust among unhoused and housed neighbors, public agencies, and community groups.

Team members; 10 (seven staff and 3 leaders)

Total hours: 66 + 36, 64 + 24 hours

Number of days: 6 days

Pay Rate/Hour:

Staff \$18/hr., 33 hours each x 2 = 66 hours

16 hours each x 3 = 48 hours

8 hours each x 2 = 16 hours

Team leader \$21/hr., 33 hours

16 hours

8 hours

**Task 2: Shower Delivery - 7-10 events/week**

The Shower Power team will deploy showers in multiple locations in consultation with the city of Richmond, providing 2.5 hours of shower service per location plus 2.5 hours for preparation, transport, and set-up during a 2-event day. A team leader works for 40 hours per week at \$21 per hour. A shuttle driver works for 32.5 hours per week at \$19.50 per hour. A team member works for 40 hours per week at \$18 per hour. Outreach staff contact encampment dwellers, shuttle participants to services as needed, provide ongoing support, and direct to CORE.

Team members; 3 (one staff, 1 shuttle driver, and 1 leader)

Total hours: 112.5 hours

Number of days: 5 days

Pay Rate/Hour:

Staff \$18/hr., 40 hours per week

Shuttle driver \$19.50/hr., 32.5 hours per week

Team leader \$21/hr. 40 hours per week

**Task 3: Outreach for Encampment Services - 10 events/week**

SOS outreach staff offer connectedness, essential resources and transportation for encampment residents who seek meals, showers, laundry, water, and other encampment services. SOS Richmond will provide outreach to residents at city prioritized encampments, per ERF 2R program and other city referred encampments, and will refer unhoused residents to the CORE team for entry into the HMIS system and for evaluation of vulnerability and services navigation based on program eligibility and willingness to receive services.

## **Contract Amendment between the City of Richmond and Safe Organized Spaces (SOS)**

### **Amendment No. 1    Contract No. 6495**

Two team members work for five days per week at six hours per day for 60 hours per week at \$19.50 per hour to ensure that basic services are accessible. One shuttle driver works 20 hours a week at \$19.50 per hour. One team leader is present 40 hours a week at \$21 per hour. Outreach establishes new relationships with interested encampment residents and housed neighbors with a goal of creating and sustaining regular contact to improve basic health and safety. Laundry services are provided with one team member working 20 hours per week at \$18 per hour. One shuttle driver is present for 30 hours per week at \$19.50 per hour.

#### Team members; 6 (three staff, 2 shuttle drivers, 1 leader)

Total hours: 170 hours

Number of days: 6 days

Pay Rate/Hour:

Staff \$18/hr., 20 hours per week

Staff \$19.50/hr., 30 hours x 2 = 60 hours

Shuttle driver \$19.50/hr., 20 hours per week  
30 hours per week

Team leader \$21/hr., 40 hours per week

#### **Task 4: Manage and Develop Workforce**

The Workforce Leadership Team will:

- support the deployment and supervision of the 15+ member unhoused workforce team (Street Team, Shower Power, and Outreach Team) and troubleshoot human resource and behavioral challenges,
- manage program operations and promote these activities,
- build and sustain community relationships and stakeholders,
- troubleshoot logistical and material problems,
- lead staff team planning, training, personal development, and improvements in health, job advancement, and housing services,

#### Total Management Team members - Six

Team Members:

Mobile Services Manager: 40 hours per week at \$23 per hour

Logistics Manager: 30 hours per week at \$23 per hour

Workforce and Care Coordinator: 30 hours per week at \$26 per hour

Director of Operations: 30 hours per week at \$32 per hour

*Director of Programs: Will be funded from other sources*

Executive Director: 30 hours per week at \$34.25 per hour

**Contract Amendment between the City of Richmond and  
Safe Organized Spaces (SOS)**

**Amendment No. 1    Contract No. 6495**

**Task: 5 Special projects/services**

SOS will respond to special projects as directed by the Community Development staff, provide problem solving, community building, and service development activities to improve public safety and responsiveness to homelessness. SOS will also coordinate with Community Development staff regarding any special requests for services outside of the services in this contract before undertaking any of these activities. The city will not be responsible for compensating SOS for undertaking or providing any additional services or tasks without preapproval from the Community Development Staff.

# Contract Amendment between the City of Richmond and Safe Organized Spaces (SOS)

Amendment No. 1    Contract No. 6495

## Team members, Hours worked, and Hourly Rate

SOS ENCAMPMENT SERVICES BUDGET PROPOSAL						
	<i>People</i>	<i>Rate</i>	<i>Days/ week</i>	<i>Hours /day</i>	<i>Hours/ week</i>	<i>Cost/we ek</i>
<b>Trash - Mobile Team</b>						
Team member	2	\$18.00	6	5.5	66	\$1,188
Team leader	1	\$21.00	6	5.5	33	\$693
<b>Trash - Local Teams</b>						
A. Team member	3	\$18.00	4	4	48	\$864
Team leader	1	\$21.00	4	4	16	\$336
B. Team member	2	\$18.00	2	4	16	\$288
Team leader	1	\$21.00	2	4	8	\$168
<b>Mobile Showers - 7-10 Events Per Week</b>						
Team Member - Attendant	1	\$18.00	10	4	40	\$720
Team Member - Shuttle Driver	1	\$19.50	5	6.5	32.5	\$634
Team Leader	1	\$21.00	10	4	40	\$840
<b>Basic Outreach - 10 Events Per Week</b>						
Team Member - Peer Ambassador	2	\$19.50	5	6	60	\$1,170
Team Member - Shuttle Driver	1	\$19.50	5	4	20	\$390
Team Leader	1	\$21.00	5	8	40	\$840
<b>Laundry Services - 5 Events Per Week</b>						
Team Member - Attendant	1	\$18.00	5	4	20	\$360
Team Member - Shuttle Driver	1	\$19.50	5	6	30	\$585
<b>Managers</b>				FTE		
Executive Director	1	\$34.25		0.75	40	\$1,028
Director of Operations	1	\$32.00		0.75	40	\$960
Workforce and Care Coordinator	1	\$26.00		0.75	40	\$780
Logistics Manager - Streets Team - Previously Unhoused	1	\$23.00		0.75	40	\$690
Mobile Services Manager - Laundry, Showers, Engagement - Previously U	1	\$23.00		1	40	\$920
<b>Total Staff</b>	24				<i>Gross pay/w</i>	\$13,453



**Contract Amendment between the City of Richmond and  
Safe Organized Spaces (SOS)**

**Amendment No. 1    Contract No. 6495**

**2. TIMELINE.**

<b>Tasks</b>	<b>Due Date</b>
Provide services to city specified unhoused encampment sites scheduled for delivery of basic services. 1. Trash service pickup 2. Mobile showers 3. Water 4. Laundry Services	Ongoing, April 2024-June 2025
Resident outreach with a goal of creating and sustaining regular contact to improve basic health and safety. Referrals to CORE for HMIS intake for evaluation of vulnerability (VI-SPDAT) and services navigation registration and eligible services.	Ongoing, April 2024-June 2025
Provide a weekly report to the city or the city's designee(s) with names, dates and times, and encampment location, of all referrals to the CORE team.	Weekly, April 2024-June 2025
Special targeted encampment cleanups	As needed per City direction
Provide post encampment resolution monitoring by inspecting encampments that have been cleared on a weekly basis for debris cleanup, identify any new re-encampment efforts, provide outreach services to those residents, and refer them to CORE	Ongoing, April 2024-June 2025

**3. Project Outcomes and Evaluation**

<b>Program Component</b>	<b>Program Outcome</b>	<b>Indicator/ Measurement</b>	<b>Goal</b>	<b>Evaluation Method</b>
Trash service pickup	Reduce amount of debris in and around unhoused encampments	Tons of debris transported to landfill	Twenty (20) tons monthly	Copy of tonnage receipt delivered to landfill
Mobile Showers	Provide residents opportunity to clean up to improve health and self-esteem	Number of showers provided monthly	200 monthly	Monthly Key Performance reports, dates, and locations
Water	Provide residents water for food and self-sustainability, health	No of water bottles provided and	TBD	Monthly Key Performance reports

**Contract Amendment between the City of Richmond and  
Safe Organized Spaces (SOS)**

**Amendment No. 1    Contract No. 6495**

		or water stations		
Laundry Services	Provide residents opportunity to clean their self-esteem	Number of unhoused using laundry services	250+	Monthly Key Performance reports
Resident outreach and Referrals to CORE	Direct unhoused to CORE for registration and eligible services	Number of unhoused registered by CORE in HMIS	TBD	Weekly reports with date, names, and location referrals,
Develop Workforce and Leaders	Provide SOS staff training opportunities for self-development, job skills	Number of staff completing training modules	Ten staff members	Enrollment and completion certificates
Clean up events	Special cleanup efforts for city specified targeted sites	As directed by City	TBD	Monthly Key Performance reports

**Contract Amendment between the City of Richmond and  
Safe Organized Spaces (SOS)**

**Amendment No. 1    Contract No. 6495**

**EXHIBIT B  
BUDGET**

<b>SOURCES AND USES BUDGET</b>			
<i>SOURCES BUDGET April 1, 2024 through June 30, 2025</i>			
City of Richmond			\$ 1,463,415.23
Total SOURCES			\$ 1,463,415.23
<i>USES BUDGET April 1, 2024 through June 30, 2025</i>			Revised Budget
		FTE .75	
Executive Director	0.75		\$ 66,787.50
Director of Operations	0.75		\$ 62,400.00
Workforce Manager	0.75		\$ 50,700.00
Logistics Manager	0.75		\$ 44,850.00
Mobile Services Manager	1.00		\$ 59,800.00
Management Payroll subtotal			\$ 284,537.50
Streets Team Payroll subtotal			\$ 589,923.75
Subtotal Labor			\$ 874,461.25
Payroll taxes	16.15%		\$ 141,225.49
Workers Comp.	11.00%		\$ 96,190.74
	Total Labor		\$ 1,111,877.48
Supplies, gas, materials, etc			\$ 75,000.00
Debris Transfer fees			\$ 60,000.00
Equipment Rental			\$ 10,000.00
Insurance - vehicles			\$ 15,000.00
Insurance - liability			\$ 15,000.00
Utilities, phone, internet			\$ 3,500.00
Rent and Storage			\$ 30,000.00
Training			\$ -
Vehicle Overhead			\$ 10,000.00
Direct Program Expense			\$ 218,500.00
	Total Expenses		\$ 1,330,377.48
Indirect costs	10.000%		\$ 133,037.75
Total USES Budget			\$ 1,463,415.23

Amendment No. \_\_\_\_\_

P.O./Contract No. \_\_\_\_\_

**AMENDMENT PROVISIONS (AMENDMENT HISTORY)**

The **first** Contract Amendment was approved by City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_ for one or more of the following provisions (check those that apply):

- ☐ Increased contract payment limit by \$ \_\_\_\_\_ for a payment limit not to exceed \$ \_\_\_\_\_.
- ☐ Term Amendment (insert new termination date): \_\_\_\_\_
- ☐ Service Plan

The **second** Contract Amendment was approved by City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_ for one or more of the following provisions (check those that apply):

- ☐ Increased contract payment limit by \$ \_\_\_\_\_ for a payment limit not to exceed \$ \_\_\_\_\_.
- ☐ Term Amendment (insert new termination date): \_\_\_\_\_
- ☐ Service Plan

The **third** Contract Amendment was approved by City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_ for one or more of the following provisions (check those that apply):

- ☐ Increased contract payment limit by \$ \_\_\_\_\_ for a payment limit not to exceed \$ \_\_\_\_\_.
- ☐ Term Amendment (insert new termination date): \_\_\_\_\_
- ☐ Service Plan

The **fourth** Contract Amendment was approved by City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_ for one or more of the following provisions (check those that apply):

- ☐ Increased contract payment limit by \$ \_\_\_\_\_ for a payment limit not to exceed \$ \_\_\_\_\_.
- ☐ Term Amendment (insert new termination date): \_\_\_\_\_
- ☐ Service Plan

The **fifth** Contract Amendment was approved by City Council of the City of Richmond or executed by the City Manager on \_\_\_\_\_ for one or more of the following provisions (check those that apply):

- ☐ Increased contract payment limit by \$ \_\_\_\_\_ for a payment limit not to exceed \$ \_\_\_\_\_.
- ☐ Term Amendment (insert new termination date): \_\_\_\_\_
- ☐ Service Plan

## City of Richmond - Insurance Requirements - Type 2: Professional Services

In all instances where CONTRACTOR or its representatives will provide professional services (*architects, engineers, construction management, counselors, medical professionals, hospitals, clinics, attorneys, consultants, accountants, etc.*) to the City of Richmond (City), the City requires the following MINIMUM insurance requirements and limits.

CONTRACTOR shall procure and maintain for the duration of the contract, agreement, or other order for work, services or supplies, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the CONTRACTOR, its agents, representatives, employees or subcontractors. **Maintenance of proper insurance coverage is a material element of the contract. Failure to maintain or renew coverage or to provide evidence of renewal may be treated by the City as a material breach of contract.**

CONTRACTOR agrees that in the event of loss due to any of the perils for which it has agreed to provide Commercial General Liability insurance, CONTRACTOR shall look solely to its insurance for recovery. CONTRACTOR hereby grants to CITY, on behalf of any insurer providing Commercial General Liability insurance to either CONTRACTOR or CITY with respect to the services of CONSULTANT herein, a waiver of any right to subrogation which any such insurer of said CONTRACTOR may acquire against the CITY by virtue of the payment of any loss under such insurance.

Original, signed certificates and original, separate policy endorsements, naming the City as an additional insured for general liability coverage, as well as a waiver of subrogation for Workers' Compensation insurance, shall be received and approved by the City **before any work may begin**. However, failure to do so shall not operate as a waiver of these insurance requirements.

City reserves the right to modify or require additional coverages for specific risk exposures depending on scope of CONTRACTORS work.

Minimum coverage is detailed below. The policy limits of coverage shall be made available to the full limits of the policy. The minimum limits stated herein shall not serve to reduce the policy limits of coverage of CONTRACTOR.

**Minimum Scope of Insurance** – the following forms shall be provided and coverage shall be at least as broad as the following:

1. Insurance Services Office Commercial General Liability coverage (ISO Occurrence Form CG 0001), and including coverage for bodily and personal injury, property damage, and products and completed operations (if applicable).
2. Insurance Services Office Automobile Liability coverage (ISO Form CA 0001, Code 1, Any Auto).
3. Original and Separate Additional Insured Endorsement for General Liability (ISO Form CG 20 10 11/85 or its equivalent) with primary and non-contributory language.
4. Workers' Compensation Insurance as required by the State of California including Employer's Liability coverage.
5. Original and Separate Waiver of Subrogation for Workers' Compensation insurance.
6. Professional Liability or Errors & Omissions Liability Insurance appropriate to the CONTRACTOR's profession (if required.)

Required Coverage	Minimum Limits
Workers' Compensation and Employers' Liability	Statutory limits as required by the State of California including \$1 million Employers' Liability per accident, per employee for bodily injury or disease. If CONTRACTOR is self-insured, provide a certificate of Permission to Self-Insure, signed by the California Department of Industrial Relations and Self-Insurance. If contractor is a sole proprietor (has no employees) than contractor must sign "Contractor Release of Liability" found at: <a href="http://www.ci.richmond.ca.us/index.aspx?nid=61">http://www.ci.richmond.ca.us/index.aspx?nid=61</a> .
General Liability (primary and excess limits combined)	<b>\$2,000,000</b> per occurrence for bodily injury, personal injury and property damage. If the policy includes a general aggregate, either the general aggregate shall apply separately to this project, service or location or the <b>minimum required aggregate limit shall be twice the per occurrence limit (\$4 million aggregate limit)</b> .  Policy shall be endorsed to name the City of Richmond as an additional insured per the conditions detailed below.

## City of Richmond - Insurance Requirements - Type 2: Professional Services

Automobile Liability	\$1,000,000 per occurrence for bodily injury and property damage.	
Professional Liability or Errors & Omissions Liability – <i>Required for all professionals including architects, engineers, consultants, construction management, counselors, medical professionals, hospitals, clinics, attorneys and accountants, &amp; other consultants as may be required by the City.</i>	<b>PROJECT COST</b>	<b>REQUIRED LIMIT</b>
	\$0 - \$1 million	\$1 million p/o
	\$1 million - \$5 million	\$2 million p/o
	Over \$5 million	\$5 million p/o

### Required Policy Conditions

Additional Insured Endorsement	<p>Applicable to General Liability coverage.</p> <p>The City of Richmond, its officers, officials, employees, agents and volunteers are to be named as additional insureds for all liability arising out of the operations by or on behalf of the named insured including bodily injury, deaths and property damage or destruction arising in any respect directly or indirectly in the performance of this contract.</p> <p><b><i>ISO form CG 20 10 (11/85) or its equivalent is required. If the Contractor is supplying their product or providing a service then the endorsement <u>must not</u> exclude products and completed operations coverage. If it does, then CG 20 37 (10/01) is also required. SAMPLE Endorsements can be found at <a href="http://www.ci.richmond.ca.us/index.aspx?nid=61">http://www.ci.richmond.ca.us/index.aspx?nid=61</a>.</i></b></p>
Primary and Noncontributory	<p>The contractor's insurance coverage must be primary coverage as it pertains to the City, its officers, officials, employees, agents and volunteers. Any insurance or self insurance maintained by the City is wholly separate from the insurance of the contractor and in no way relieves the contractor from its responsibility to provide insurance.</p>
Waiver of Subrogation Endorsement Form	<p>Contractor's insurer will provide a Waiver of Subrogation in favor of the City for Workers' Compensation Insurance during the life of this contract. SAMPLE Endorsements can be found at <a href="http://www.ci.richmond.ca.us/index.aspx?nid=61">http://www.ci.richmond.ca.us/index.aspx?nid=61</a>.</p>
Deductibles and Self-Insured Retentions	<p>Any deductible or self-insured retention must be declared to and approved by the City. At the option of the City either the insurer shall reduce or eliminate such deductibles or self-insured retention as respects the City or the CONTRACTOR shall procure a financial guarantee in an amount equal to the deductible or self-insured retention guaranteeing payment of losses and related investigations, claims administration and defense expenses.</p> <p>Contractor is responsible for satisfaction of the deductible and/or self-insured retention for each loss.</p>
A. M. Best Rating	<p>A: VII or Better. If the A.M. Best Rating falls below the required rating, CONTRACTOR must replace coverage immediately and provide notice to City.</p>

### Umbrella/Excess Liability Policies

If an Umbrella or Excess Liability Policy is used to meet the liability limits, coverage shall be as broad as specified for underlying coverage's and cover those insured in the underlying policies.

## **City of Richmond - Insurance Requirements - Type 2: Professional Services**

### **Claims-Made Policies**

If any insurance policy is written on a claims-made form: 1) the retroactive date must be shown, and must be before the date of the contract or the beginning of contract work. 2) Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the contract of work. 3) If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the contract effective date, the Contractor must purchase an extended period coverage for a minimum of five (5) years after completion of contract work.

### **Subcontractors**

CONTRACTOR shall include all subcontractors as insured under its policies or shall furnish to the City for review and approval, separate certificates and endorsements for each subcontractor. All coverage for subcontractors shall be subject to all of the requirements stated herein.

CONTRACTOR agrees to defend and indemnify the City of Richmond for any damage resulting to it from failure of either CONTRACTOR or any subcontractor to take out or maintain the required insurance policies. The fact that insurance is obtained by CONTRACTOR, and/or CONTRACTOR's subcontractors, will not be deemed to release or diminish the liability of CONTRACTOR, including, without limitation, liability under the indemnity provisions of this contract. Damages recoverable by CITY from CONTRACTOR or any third party will not be limited by the amount of the required insurance coverage.

### **Verification of Coverage**

All original certificates and endorsements shall be received and approved by the City **before work may begin**. The City of Richmond reserves the right to require complete, certified copies of all required insurance policies including endorsements affecting the coverage at any time.

**Original insurance certificates and required policy endorsements shall be mailed or delivered to the Designated Project Manager for the City of Richmond.**

Insurance certificates and endorsements may be faxed to the Designated Project Manager. However, CONTRACTOR must mail the original certificates and endorsements to Designated Project Manager once faxed.

### **Continuous Coverage**

CONTRACTOR shall maintain the required insurance for the life of the contract. Should the CONTRACTOR cease to have insurance as required during this time, all work by the CONTRACTOR pursuant to this agreement shall cease until insurance acceptable to the City is provided. In the event that CONTRACTOR fails to comply with the City's insurance requirements, the City may take such action as it deems necessary to protect the City's interests. Such action may include but is not limited to termination of the contract, withholding of payments, or other actions as the City deems appropriate.

If services or the scope of work extend beyond the expiration dates of the required insurance policies initially approved by the City, CONTRACTOR must provide updated certificates and endorsements indicating that the required coverage, terms and conditions are still in place. **Renewal certificates and updated endorsements shall be mailed to the Designated Project Manager.**

### **Cancellation**

CONTRACTOR shall ensure that coverage shall not be cancelled, reduced or otherwise materially changed except after thirty (30) days' prior written notice has been given to the City.

### **Reporting Requirements**

Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to the City, its officers, officials, employees or volunteers.

### **Consistent with Public Policy**

The insuring provisions, insofar as they may be judged to be against public policy shall be void and unenforceable only to the minimum extent necessary so that the remaining terms and provisions herein may be consistent with public policy and thus enforceable.

**COMMERCIAL LINES COMMON POLICY DECLARATIONS**

**PRODUCER:**

M. A. Hays Co.  
232 Broadway  
Richmond, CA 94804

**POLICY NUMBER: 2023-74928**

**RENEWAL OF NUMBER: 2022-74928**

**NAME OF INSURED AND MAILING ADDRESS:**

Safe Organized Spaces Richmond; dba: SOS Richmond  
23 Main Ave., Box 16  
Richmond, CA 94804

**POLICY PERIOD:**

FROM **09/15/2023** TO **09/15/2024**

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Shower trailer, and encampment clean-up

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THESE PREMIUMS MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE .....	\$2,348
COMMERCIAL AUTO LIABILITY COVERAGE PART .....	\$10,681
COMMERCIAL AUTO PHYSICAL DAMAGE COVERAGE PART .....	\$4,384
IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE COVERAGE PART .....	Not Covered
SOCIAL SERVICE PROFESSIONAL COVERAGE PART .....	Not Covered
COMMERCIAL LIQUOR LIABILITY COVERAGE PART .....	INCLUDED
TERRORISM COVERAGE (Certified Acts) .....	Not Covered
<b>TOTAL:</b>	<b>\$17,413</b>

**FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:\***

CG 00 01 04 13,	CG 00 33 04 13,	CG 20 10 12 19,	CG 20 11 12 19,	CG 20 12 04 13,	CG 20 18 04 13,	CG 20 20 11 85,
CG 20 21 07 98,	CG 20 26 12 19,	CG 20 34 12 19,	CG 20 37 12 19,	CG 21 09 06 15,	CG 21 44 04 17,	CG 21 47 12 07,
CG 21 73 01 15,	CG 21 96 03 05,	CG 22 44 04 13,	CG 24 07 01 96,	IL 00 17 11 98,	IL 00 21 09 08,	IL 02 70 07 20,
NIAC-AL 01 80,	NIAC-E003 GL 08 20,	NIAC-E069 GL 02 19,	NIAC-E078 11 20,	NIAC-E11 GL 09 19,	NIAC-E120 09 19,	NIAC-E123 09 19,
NIAC-E15 09 20,	NIAC-E180 GL 01 21,	NIAC-E180 LL 01 21,	NIAC-E195 GL 05 21,	NIAC-E22 09 19,	NIAC-E25 12 15,	NIAC-E26 11 17,
NIAC-E28 01 99,	NIAC-E282 GL 12 21,	NIAC-E29 12 09,	NIAC-E33 GL 09 19,	NIAC-E34 09 18,	NIAC-E342 GL 08 22,	NIAC-E42 GL 09 19,
NIAC-E5 07 15,	NIAC-E56 01 17,	NIAC-E59 02 12,	NIAC-E60 07 12,	NIAC-E61 02 19,	NIAC-E70 03 19,	NIAC-E72 01 17,
NIAC-E74 03 14,	NIAC-GL 01 80,	NIAC-LL 01 80,	NIAC-NPO-001 05 20,	NIAC-X1 06 18,	SCHEDULE BA 01 80,	SCHEDULE G 01 80,
SCHEDULE L 01 80						

**\*OMITS APPLICABLE FORMS AND ENDORSEMENTS IF SHOWN IN  
SPECIFIC COVERAGE PART / COVERAGE FORM DECLARATIONS.**

COUNTERSIGNED: 09/18/2023

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

**NIAC-CO**



**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**PRODUCER:**

M. A. Hays Co.  
232 Broadway  
Richmond, CA 94804

**POLICY NUMBER: 2023-74928**

**RENEWAL OF NUMBER: 2022-74928**

**NAME OF INSURED AND MAILING ADDRESS:**

Safe Organized Spaces Richmond; dba: SOS Richmond  
23 Main Ave., Box 16  
Richmond, CA 94804

**POLICY PERIOD:**

FROM 09/15/2023 TO 09/15/2024  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Shower trailer, and encampment clean-up

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

**LIMITS OF COVERAGE:**

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT .....	\$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT .....	\$1,000,000
EACH OCCURRENCE LIMIT .....	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU .....	\$500,000 any one premises
MEDICAL EXPENSE LIMIT .....	\$20,000 any one person

**ADDITIONAL COVERAGES:**

**CLASSIFICATION(S)**

SEE ATTACHED SUPPLEMENTAL DECLARATIONS SCHEDULE G

**PREMIUM**

**\$2,348**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

**COUNTERSIGNED:** 09/18/2023

**BY**



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S)  
AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**NIAC-GL**

**COMMERCIAL GENERAL LIABILITY  
EXTENSION OF DECLARATIONS**

**Schedule G**

**POLICY NUMBER: 2023-74928-NPO**

**Page 1**

**NAME OF INSURED: Safe Organized Spaces Richmond; dba: SOS Richmond**

<b>PREMISES CODE/CLASS</b>	<b>*LOC</b>	<b>PREMIUM BASIS</b>	<b>RATE</b>	<b>*ADVANCED PREMIUM</b>
47366/Sales, Service or Consulting Organizations - NOC - includes products and/or completed operations	1	156,480	5.901	\$923
96816/Janitorial Services	1	12,000	92.778	\$1,113

**ADDITIONAL COVERAGES**

**FREE TEXT**

(1) Triple Shower Trailer aka: SOS Shower Power Trailer	\$200	\$200
Increased Aggregate		\$112

\*See Common Declarations for Total Advanced Premium and Schedule 'L' for locations.

COUNTERSIGNED: 9/18/2023

BY



(AUTHORIZED REPRESENTATIVE)

**NIAC - SCHEDULE G - NPO**



**COMMERCIAL GENERAL LIABILITY  
EXTENSION OF DECLARATIONS**

**Schedule L**

**POLICY NUMBER: 2023-74928-NPO**

**Page 1**

**NAME OF INSURED: Safe Organized Spaces Richmond; dba: SOS Richmond**

**PREMISES  
LOC/BLDG**

1

**DESIGNATED PREMISES  
ADDRESS, CITY, STATE, ZIP**

23 Maine Ave. - Parking Lot (NP's Use of Only)  
Richmond, CA 94804

**ADDITIONAL INSUREDS  
AND OTHER INTERESTS**

COUNTERSIGNED: 09/18/2023

**NIAC - SCHEDULE L - NPO**

BY

(AUTHORIZED REPRESENTATIVE)

**COMMERCIAL LIQUOR LIABILITY COVERAGE PART DECLARATIONS**

**PRODUCER:**

M. A. Hays Co.  
232 Broadway  
Richmond, CA 94804

**POLICY NUMBER:** 2023-74928

**RENEWAL OF NUMBER:** 2022-74928

**NAME OF INSURED AND MAILING ADDRESS:**

Safe Organized Spaces Richmond; dba: SOS Richmond

23 Main Ave., Box 16  
Richmond, CA 94804

**POLICY PERIOD:**

FROM 9/15/2023 TO 9/15/2024

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Shower trailer, and encampment clean-up

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

**LIMITS OF COVERAGE:**

GENERAL AGGREGATE LIMIT.....\$ 1,000,000

EACH COMMON CAUSE LIMIT.....\$ 1,000,000

**PREMIUM:**

**Included**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:

CG 00 33 04 13

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

COUNTERSIGNED: 9/18/2023

BY



(AUTHORIZED REPRESENTATIVE)

**NIAC - LL**

**INDEX OF FORMS ATTACHED TO THE POLICY**

**POLICY NUMBER: 2023-74928**

**NAME OF INSURED:** Safe Organized Spaces Richmond; dba: SOS Richmond

Page: 1

**LIABILITY FORMS AND ENDORSEMENTS**

**FORM NUMBER/EDITION DATE**

Commercial General Liability Coverage Form	CG 00 01 04 13
Liquor Liability Coverage Form	CG 00 33 04 13
Additional Insured - Owners, Lessees or Contractors	CG 20 10 12 19
Additional Insured - Managers or Lessors of Premises	CG 20 11 12 19
Additional Insured - State or Political Subdivisions - Permits	CG 20 12 04 13
Additional Insured - Mortgagee, Assignee or Receiver	CG 20 18 04 13
Additional Insured - Charitable Institutions	CG 20 20 11 85
Additional Insured - Volunteers	CG 20 21 07 98
Additional Insured - Designated Person or Organization	CG 20 26 12 19
Additional Insured - Lessor of Leased Equipment - Automatic Status - Lease	CG 20 34 12 19
Additional Insured - Owners, Lessees or Contractors - Completed Operations	CG 20 37 12 19
Exclusion - Unmanned Aircraft	CG 21 09 06 15
Limitation of Coverage to Designated Premises or Project	CG 21 44 04 17
Employment-Related Practices Exclusion	CG 21 47 12 07
Exclusion of Certified Acts of Terrorism	CG 21 73 01 15
Silica - Exclusion	CG 21 96 03 05
Health or Cosmetic Services Exclusion	CG 22 44 04 13
Products/Completed Operations Hazard Redefined	CG 24 07 01 96
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
California Changes - Cancellation and Nonrenewal	IL 02 70 07 20
Business Auto Coverage Part Declarations	NIAC-AL-NPO
Member Criteria	NIAC-E003 GL 08 20
Fiscal Sponsor Limitation	NIAC-E069 GL 02 19
Professional Services - Exclusion	NIAC-E078 11 20
Fireworks Exclusion	NIAC-E11 GL 09 19
Lead Liability - Exclusion	NIAC-E120 09 19
Firearms Sublimit Endorsement	NIAC-E123 09 19
Blood Testing Exclusion	NIAC-E15 09 20
Communicable Disease - Exclusion	NIAC-E180 GL 01 21
Communicable Disease - Exclusion	NIAC-E180 LL 01 21
Discrimination Exclusion	NIAC-E195 GL 05 21
Asbestos Exclusion	NIAC-E22 09 19
Additional Insured - Designated Person or Organization	NIAC-E25 12 15
Waiver of Transfer of Rights of Recovery Against Others	NIAC-E26 11 17
Property Damage to Personal Property in the Care, Custody or Control of the Insured	NIAC-E28 01 99
Cyber Incident - Exclusion	NIAC-E282 GL 12 21
Employee Personal Auto Reimbursement	NIAC-E29 12 09
Mold, Fungus Exclusion	NIAC-E33 GL 09 19

This list of forms is not part of the actual policy, but is for your information only.  
Please refer to the policy(s) for actual limits, coverages and exclusions.

## INDEX OF FORMS ATTACHED TO THE POLICY

**POLICY NUMBER:** 2023-74928

**NAME OF INSURED:** Safe Organized Spaces Richmond; dba: SOS Richmond

Page: 2

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### LIABILITY FORMS AND ENDORSEMENTS

### FORM NUMBER/EDITION DATE

Construction and Conversion Exclusion	NIAC-E34 09 18
Anti-Stacking Condition	NIAC-E342 GL 08 22
Nuclear, Chemical and Biological Hazard Exclusion	NIAC-E42 GL 09 19
Trampoline Bounce House Exclusion	NIAC-E5 07 15
Liberalization - GL, SSP, EBL	NIAC-E56 01 17
Liberalization - LL	NIAC-E59 02 12
Volunteer Medical Payments	NIAC-E60 07 12
Additional Insured - Primary and Non-Contributory Endorsement for Public Entities	NIAC-E61 02 19
Fundraiser and Event Endorsement	NIAC-E70 03 19
Other Insurance - Coverage C	NIAC-E72 01 17
Mental Anguish Endorsement	NIAC-E74 03 14
Commercial General Liability Coverage Part Declarations	NIAC-GL-NPO
Commercial Liquor Liability Coverage Part Declarations	NIAC-LL 01 80
Nonprofits' OWN Enhancement Endorsement	NIAC-NPO-001 05 20
Improper Sexual Conduct and Physical Abuse Exclusion	NIAC-X1 06 18
Business Auto Coverage Schedule	SCHEDULE BA 01 80
Commercial General Liability Class Code Schedule	SCHEDULE G 01 80
Commercial General Liability Location Schedule	SCHEDULE L 01 80

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Premises:</b>
<b>Project:</b> Shower Power Operations Streets Team Project
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** If this endorsement is attached to Commercial General Liability Coverage Form **CG 00 01**, the provisions under this Paragraph **A.** apply:

**1.** Paragraph **1.b.** under **Section I — Coverage A — Bodily Injury And Property Damage Liability** is replaced by the following:

**b.** This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

- (1)** The "bodily injury" or "property damage":
  - (a)** Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
  - (b)** Arises out of the project or operation shown in the Schedule;
- (2)** The "bodily injury" or "property damage" occurs during the policy period; and

**(3)** Prior to the policy period, no insured listed under Paragraph **1.** of Section **II — Who Is An Insured** and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

**2.** Paragraph **1.b.** under **Section I — Coverage B — Personal And Advertising Injury Liability** is replaced by the following:

- b.** This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:
  - (3)** The offense arises out of your business:
    - (a)** Performed on the premises shown in the Schedule; or

(b) In connection with the project or operation shown in the Schedule; and

(2) The offense was committed during the policy period.

However, with respect to Paragraph 1.b.(1)(a) of this Insuring Agreement, if the "personal and advertising injury" is caused by:

- (1) False arrest, detention or imprisonment; or
- (2) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

3. Paragraph 1.a. under **Section I — Coverage C — Medical Payments** is replaced by the following:

- a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":
  - (1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
  - (2) Arises out of the project or operation shown in the schedule;

provided that:

- (a) The accident takes place during the policy period;
- (b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

B. If this endorsement is attached to Commercial General Liability Coverage Form **CG 00 02**, the provisions under this Paragraph B. apply:

1. Paragraph 1.b. under **Section I — Coverage A — Bodily Injury And Property Damage Liability** is replaced by the following:

b. This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

(1) The "bodily injury" or "property damage":

(a) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or

(b) Arises out of the project or operation shown in the Schedule;

(2) The "bodily injury" or "property damage" did not occur before the Retroactive Date, if any, shown in the Declarations or after the end of the policy period; and

(3) A claim for damages because of the "bodily injury" or "property damage" is first made against any insured, in accordance with Paragraph 1.c. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section V — Extended Reporting Periods.

2. Paragraph 1.b. under **Section I — Coverage B — Personal And Advertising Injury Liability** is replaced by the following:

b. This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:



- (1) The offense arises out of your business:
  - (a) Performed on the premises shown in the Schedule; or
  - (b) In connection with the project or operation shown in the Schedule;
- (2) The offense was not committed before the Retroactive Date, if any, shown in the Declarations or after the end of the policy period; and
- (3) A claim for damages because of the "personal and advertising injury" is first made against any insured, in accordance with Paragraph 1.c. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section V — Extended Reporting Periods.

However, with respect to Paragraph 1.b.(1)(a) of this Insuring Agreement, if the "personal and advertising injury" is caused by:

- (1) False arrest, detention or imprisonment; or
- (2) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

**3. Paragraph 1.a. under Section I — Coverage C — Medical Payments is replaced by the following:**

- a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":
  - (1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
  - (2) Arises out of the project or operation shown in the Schedule;
 provided that:
  - (a) The accident takes place during the policy period;
  - (b) The expenses are incurred and reported to us within one year of the date of the accident; and
  - (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY  
ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

---

**SCHEDULE**

<b>Name of Person or Organization:</b>
--

**A. Section II – WHO IS AN INSURED** is amended to include:

4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

- a. Your negligent acts or omissions; or
- b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

**B. Section III – LIMITS OF INSURANCE** is amended to include:

8. The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

**C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

**b. Excess Insurance**

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
  - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON  
OR ORGANIZATION -  
FOOD CONTRIBUTIONS OR CLIENT REFERRALS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

---

**SCHEDULE**

**Name of Person or Organization:**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, in consideration of food contributions or client referrals you receive from them.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less. This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - LESSOR OF LEASED  
EQUIPMENT - AUTOMATIC STATUS WHEN  
REQUIRED IN LEASE AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) from whom you lease equipment when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person(s) or organization(s) is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

- B.** With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Designation Of Premises (Part Leased To You):</b>
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>  Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.
<b>Additional Premium:</b> <b>Included</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

**2.** If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to

**Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
Any person or organization acting as mortgagee, assignee, or receiver with respect to locations scheduled on the policy.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**State Or Governmental Agency Or Subdivision Or Political Subdivision:**

Any state or political subdivision that issues a permit or authorization to the named insured.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

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**SCHEDULE**

**Name of Person or Organization:**

Where you are so required in a written contract or agreement currently in effect or becoming effective during the term of this policy, we waive any right of recovery we may have against that person or organization, who may be named in the schedule above, because of payments we make for injury or damage.

**BUSINESS AUTO COVERAGE PART DECLARATIONS**

PRODUCER: M. A. Hays Co.  
232 Broadway  
Richmond, CA 94804

POLICY NUMBER: 2023-74928  
RENEWAL OF NUMBER: 2022-74928

**Item One:** **NAME OF INSURED AND MAILING ADDRESS:**  
Safe Organized Spaces Richmond; dba: SOS Richmond

23 Main Ave., Box 16  
Richmond, CA 94804

POLICY PERIOD: FROM 09/15/2023 TO 09/15/2024  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Shower trailer, and encampment clean-up

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

**Item Two:** **SCHEDULE OF COVERAGES AND COVERED AUTOS.**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS <small>Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY CSL		7	\$1,000,000	\$8,713
HIRED AUTO		8	INCLUDED	\$50
NONOWNED AUTO		9	INCLUDED	\$200
AUTO MEDICAL PAYMENTS		7	\$5,000	\$862
UNINSURED MOTORIST		7	\$1,000,000	\$836
UNINSURED MOTORIST-PD		7	\$3,500	\$20
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	7, 8	Actual cash value or cost of repair whichever is less minus \$500 <small>Deductible shown on supplemental declaration for each covered auto applies to loss except caused by fire or lightning. See ITEM THREE for hired or borrowed autos.</small>	\$1,676
	COLLISION COVERAGE	7, 8	\$500 <small>Deductible shown on supplemental declaration for each covered auto. See ITEM THREE for hired or borrowed autos.</small>	\$2,708
TOWING AND LABOR		N/A	\$N/A for each disablement of a private passenger "auto"	N/A
ESTIMATED TOTAL PREMIUM				<b>\$15,084</b>

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:

CA 00 01 10 13, CA 01 43 05 17, CA 03 05 10 13, CA 04 24 10 13, CA 04 44 10 13, CA 20 54 10 13, CA 20 55 10 13,  
CA 21 54 11 20, CA 23 84 10 13, CA 23 85 10 13, CA 99 23 10 13, CA 99 33 10 13, CA 99 34 10 13, IL U 001 09 03,  
NIAC-E180 BA 01 21, NIAC-E342 BA 08 22

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

COUNTERSIGNED: 09/18/2023

BY



NIAC - AL

(AUTHORIZED REPRESENTATIVE)

## BUSINESS AUTO COVERAGE FORM

POLICY NUMBER: 2023-74928

SCHEDULE BA  
Page 1

NAME INSURED: Safe Organized Spaces Richmond; dba: SOS Richmond

**Item Three: SCHEDULE OF COVERED AUTOS YOU OWN**

DESCRIPTION					DEDUCTIBLES apply only if coverage is provided as indicated below.		TOWING & LABOR
COVERED AUTO NO.	YEAR, MODEL, TRADE NAME, BODYTYPE, SERIAL NUMBER(S)	VIN	TERR.	CLASS CODE	OTHER THAN COLLISION	COLLISION	Limit per Disablement
1	2020 Rich Specialty Trailer	1K9BU1714L1236187	039	68499	500	500	N/A
2	2009 Ford F-150	1FTRX12V59FB11994	039	03499	500	500	N/A
3	2007 GMC Yukon XL	1GKFK66897J244775	039	6481	500	500	N/A
4	2006 Dodge Sprinter 3500	WD0PD444165955111	039	6482	500	500	N/A
5	1997 Dodge Ram Pickup	1B7KC26Z8VJ528243	039	01499	N/A	N/A	N/A

PREMIUMS: COVERAGE IS PROVIDED ONLY IF A PREMIUM CHARGE IS INDICATED.

COVERED AUTO NO.	NON-OWNED	HIRED	LIABILITY	MED PAY	UM/ UIM	PHYSICAL DAMAGE		TOWING AND LABOR	ADDITIONAL INSURED / LOSS PAYEE:
						COLL.	COMP.		Except for towing, all physical damage loss is payable to you and the Loss Payee named below as interest may appear at the time of loss. See attached Schedule A1.
1			231	194	0	696	348	N/A	
2			1,992	194	209	518	243	N/A	
3			2,203	140	209	920	674	N/A	
4			2,754	140	209	574	411	N/A	
5			1,533	194	229	N/A	N/A	N/A	

NO/H 201 50

Hired PD

Hired Physical Damage Deductibles:

Comprehensive: \$500 Collision: \$500

UM Waiver of Collision Deductible Coverage (premium included above)

-- on all eligible vehicles

*Samuel C. Q.*

Signature

09/18/2023

Date

## INDEX OF FORMS ATTACHED TO THE POLICY

**POLICY NUMBER:** 2023-74928

**NAME OF INSURED:** Safe Organized Spaces Richmond; dba: SOS Richmond

Page 1

### AUTO FORMS AND ENDORSEMENTS

### FORM NUMBER/EDITION DATE

Business Auto Coverage Form	CA 00 01 10 13
California Changes	CA 01 43 05 17
California Changes - Waiver of Collision Deductible	CA 03 05 10 13
CA - Auto Med Pay Coverage	CA 04 24 10 13
Waiver of Transfer of Rights of Recovery Against Others to us (Waiver of Subrogation)	CA 04 44 10 13
Employee Hired Autos	CA 20 54 10 13
Fellow Employee Coverage	CA 20 55 10 13
California Uninsured Motorists Coverage - Bodily Injury	CA 21 54 11 20
Exclusion of Terrorism - Auto	CA 23 84 10 13
Exclusion of Terrorism - Auto - Involving Nuclear, Biological or Chemical Terrorism	CA 23 85 10 13
Rental Reimbursement Coverage	CA 99 23 10 13
Employees as Insureds	CA 99 33 10 13
Social Service Agencies - Volunteers as Insureds	CA 99 34 10 13
California Uninsured Motorists Coverage Selection / Rejection	IL U 001 09 03
Communicable Disease - Exclusion	NIAC-E180 BA 01 21
Anti-Stacking Condition	NIAC-E342 BA 08 22



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **RENTAL REIMBURSEMENT COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** Safe Organized Spaces Richmond; dba: SOS Richmond

**Endorsement Effective Date:** 9/15/2023

### **SCHEDULE**

Coverage	Designation or Description of Covered "Autos" to which this insurance applies	Maximum Payment Each Covered "Auto"			Premium
		Any One Day	No. of Days	Any One Period	
Comprehensive	Any Covered "Auto"	\$50	30	\$1500	Incl.
Collision	Any Covered "Auto"	\$50	30	\$1500	Incl.
Specified Causes of Loss	N/A				
<b>Total Premium</b>					Incl.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. It applies only to a covered "auto" described or designated in the Schedule.
- B.** We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
- C.** We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
1. The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.

- 2. The number of days shown in the Schedule.
- D. Our payment is limited to the lesser of the following amounts:
  - 1. Necessary and actual expenses incurred.
  - 2. The maximum payment stated in the Schedule applicable to "any one day" or "any one period".
- E. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- F. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extension.