



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/29/2025

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	CONTACT		
	NAME:  Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 Attn: Jordan Barr - Phone: (213) 346-5397 CN102638387-STND+-GAWU-25-	PHONE (A/C, No. Ext):  FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Navigators Insurance Company		42307
	INSURER B: N/A		N/A
	INSURER C: N/A		N/A
	INSURER D: N/A		N/A
	INSURER E: N/A		N/A
INSURER F:			

## COVERAGES

## CERTIFICATE NUMBER:

LOS-002845168-01

## 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	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NY18NCP02067407	08/01/2025	08/01/2026	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000						
	MED EXP (Any one person)	\$ 5,000						
	PERSONAL & ADV INJURY	\$ 1,000,000						
	GENERAL AGGREGATE	\$ 2,000,000						
	PRODUCTS - COMP/OP AGG	\$ 2,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC								
OTHER:								
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO							BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY		<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
HIRED AUTOS ONLY			NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIAB			OCCUR					\$
EXCESS LIAB			CLAIMS-MADE				EACH OCCURRENCE	\$
DED <input type="checkbox"/> RETENTION \$							AGGREGATE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE- R
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Name of event - HHS One Stop Clinic; Location of the event - Altadena, CA - 409 Woodbury; Date and Time - Tuesday, December 9, 2025; HHS is going to provide vendors such as Hearing, Vision, Mental Health Therapist and Physical Therapy on site for the local fire victims

409 Woodbury (Samara Arkel) is included as additional insured where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

409 Woodbury - The Event Space  
Attn: Samara Arkel; Hani Sayegh  
407 E Woodbury Road  
Altadena, CA 91001

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

*Marsh Risk & Insurance Services*

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