



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/26/2014

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 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).

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|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>USAA INSURANCE AGENCY INC/PHS<br>812846 P:(888) 242-1430 F:(888) 443-6112<br>PO BOX 33015<br>SAN ANTONIO TX 78265 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (888) 242-1430<br><b>FAX (A/C, No):</b> (888) 443-6112<br><b>E-MAIL ADDRESS:</b><br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Sentinel Ins Co LTD<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br>KATHLEEN CULORA DBA GIFT SHOP AT THE<br>DANA INN ON MISSION BAY<br>1710 W MISSION BAY DR<br>SAN DIEGO CA 92109     | <b>NAIC#</b>                                                                                                                                                                                                                                                                          |

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| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
| 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 INSR | SUBR WYD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|-------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                                              |           |          | 65 SBA PZ2403 | 12/29/2014              | 12/29/2015              | EACH OCCURRENCE                           | \$2,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
|          | <input checked="" type="checkbox"/> General Liab                                                          | X         |          |               |                         |                         | MED EXP (Any one person)                  | \$10,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$2,000,000 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$4,000,000 |
|          | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COM/OP AGG                     | \$4,000,000 |
|          | AUTOMOBILE LIABILITY                                                                                      |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|          | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$          |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          | <input type="checkbox"/> HIRED AUTOS                                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                  |           |          |               |                         |                         |                                           | \$          |
|          | <input type="checkbox"/> NON-OWNED AUTOS                                                                  |           |          |               |                         |                         |                                           | \$          |
|          | UMBRELLA LIAB                                                                                             |           |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          | EXCESS LIAB                                                                                               |           |          |               |                         |                         | AGGREGATE                                 | \$          |
|          | DEC                                                                                                       |           |          |               |                         |                         |                                           | \$          |
|          | RETENTION \$                                                                                              |           |          |               |                         |                         |                                           | \$          |
|          | WORKERS COMPENSATION AND EMPLOYERS LIABILITY                                                              |           |          |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                            |           | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        | \$          |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$          |
|          |                                                                                                           |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$          |

|                                                                                                                                       |                                                                                                                                                                                                                      |
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| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (RECORD 101, Additional Remarks Schedule, may be attached if more space is required) |                                                                                                                                                                                                                      |
| Those usual to the Insured's Operations.                                                                                              | Agent _____ Date _____<br>(Please Sign and date)<br>Lessee Name: _____<br>Check Certificate for compliance and lease requirements<br>Confirm Lease ID# _____<br>Please return certificate to Admin Staff to process. |

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| <b>CERTIFICATE HOLDER</b><br>CITY OF SAN DIEGO<br>REAL ESTATE ASSETS<br>1200 3RD AVE STE 1700 MS51A<br>SAN DIEGO, CA 92101 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br><i>For Tailor</i> |
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USAA INSURANCE AGENCY INC/PHS  
PO BOX 33015  
SAN ANTONIO TX 78265

2015-02-15 11:20

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CITY OF SAN DIEGO  
REAL ESTATE ASSETS  
1200 3RD AVE STE 1700 MS51A  
SAN DIEGO CA 92101-4199

009538 1/1



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