



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2018

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 **SUBROGATIONIS 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).

|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|--------------|-------|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|
| <b>PRODUCER</b><br>USAA INSURANCE AGENCY INC/PHS<br>65812846<br>THE HARTFORD BUSINESS SERVICE CENTER<br>3600 WISEMAN BLVD<br>SAN ANTONIO, TX 78265 | <b>CONTACT NAME:</b><br><br><b>PHONE</b><br>(A/C, No, Ext): (888) 242-1430<br><b>FAX</b><br>(A/C, No): (888) 443-6112<br><b>E-MAIL ADDRESS:</b><br><br><b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"><tr><td><b>INSURER A:</b></td><td>The Sentinel Insurance Company</td><td><b>NAIC#</b></td><td>11000</td></tr><tr><td><b>INSURER B:</b></td><td></td><td></td><td></td></tr><tr><td><b>INSURER C:</b></td><td></td><td></td><td></td></tr><tr><td><b>INSURER D:</b></td><td></td><td></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td><td></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td><td></td><td></td></tr></table> | <b>INSURER A:</b> | The Sentinel Insurance Company | <b>NAIC#</b> | 11000 | <b>INSURER B:</b> |  |  |  | <b>INSURER C:</b> |  |  |  | <b>INSURER D:</b> |  |  |  | <b>INSURER E:</b> |  |  |  | <b>INSURER F:</b> |  |  |  |
| <b>INSURER A:</b>                                                                                                                                  | The Sentinel Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>NAIC#</b>      | 11000                          |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURER B:</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURER C:</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURER D:</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURER E:</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURER F:</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |
| <b>INSURED</b><br>KATHLEEN CULORA DBA GIFT SHOP AT THE DANA INN ON MISSION BAY<br>1710 W MISSION BAY DR<br>SAN DIEGO CA 92109-7810                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                |              |       |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |                   |  |  |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|----------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|-------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                     |           |          | 65 SBA PZ2403 | 12/29/2018              | 12/29/2019              | EACH OCCURRENCE                           | \$2,000,000 |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
|          | <input checked="" type="checkbox"/> General Liability                            | X         |          |               |                         |                         | MED EXP (Any one person)                  | \$10,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                               |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$2,000,000 |
|          | POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$4,000,000 |
|          | OTHER:                                                                           |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$4,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b>                                                      |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |             |
|          | ANY AUTO                                                                         |           |          |               |                         |                         | BODILY INJURY (Per person)                |             |
|          | ALL OWNED AUTOS                                                                  |           |          |               |                         |                         | BODILY INJURY (Per accident)              |             |
|          | HIRED AUTOS                                                                      |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            |             |
|          | UMBRELLA LIAB EXCESS LIAB                                                        |           |          |               |                         |                         | EACH OCCURRENCE                           |             |
|          | RETENTION \$                                                                     |           |          |               |                         |                         | AGGREGATE                                 |             |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                    |           |          |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)      | Y/N       | N/A      |               |                         |                         | 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)

Those usual to the Insured's Operations. The City of San Diego, it's elected officials, officers, employees, representatives and agents as additional insureds.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                            |                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CITY OF SAN DIEGO<br>REAL ESTATE ASSETS<br>1200 3RD AVE STE 1700 51A<br>SAN DIEGO CA 92101 | 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><br>AUTHORIZED REPRESENTATIVE<br><i>Susan L. Castaneda</i> |
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THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

MB 01 000347 07080 H 2 B



November 30, 2018

CITY OF SAN DIEGO  
REAL ESTATE ASSETS  
1200 3RD AVE STE 1700 51A  
SAN DIEGO CA 92101-4110

#### Account Information:

|                                |                                                                    |
|--------------------------------|--------------------------------------------------------------------|
| <b>Policy Holder Details :</b> | KATHLEEN CULORA DBA GIFT<br>SHOP AT THE DANA INN ON<br>MISSION BAY |
|--------------------------------|--------------------------------------------------------------------|



#### Contact Us

Business Service Center  
**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)  
**Phone:** (888) 242-1430  
**Fax:** (888) 443-6112  
**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)  
**Website:** <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

