



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/9/13

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).

PRODUCER Thompson Insurance Enterprises LLC 3380 Chastain Meadows Parkway Suite 100 Kennesaw, GA 30144	CONTACT NAME: Ty Sanders PHONE (A/C, No, Ext): (888) 245-3516 FAX (A/C, No): E-MAIL ADDRESS: tsanders@clubinsurance.com PRODUCER CUSTOMER ID #: 2410816														
INSURED Performance360, LLC DBA: Performance360 4025 Gresham Street Unit 1 San Diego, CA 92109	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Essex Insurance Company</td><td>39020</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Essex Insurance Company	39020	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Essex Insurance Company	39020														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 427059 **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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			HFP20011316-00	4/2/13	4/2/14	EACH OCCURRENCE	\$ 2,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	☐ CLAIMS-MADE ☒ OCCUR	X	X				MED EXP (Any one person)	\$ 5,000
	☒ PL Limit (Included in GL)						PERSONAL & ADV INJURY	\$ 2,000,000
	☒ Abuse Limit (\$ 100,000/\$ 300,000)						GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	☐ POLICY ☐ PRO-ECT ☒ LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	☐ ANY AUTO			Agent _____ Date _____			BODILY INJURY (Per person)	\$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS		(Please Sign and date)			BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS		Lessee Name: _____			PROPERTY DAMAGE (Per accident)	\$
				Check Certificate for compliance and lease requirements				\$
				Confirm Lease ID# _____				\$
				Please return certificate to Admin Staff to process.				\$
	UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	\$
	DED ☐ RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc 1: 1010 Santa Clara Place, San Diego, CA 92109

CERTIFICATE HOLDER

The City of San Diego Real Estate Assets Dept.
1200 Third Ave., Suite 1700
San Diego, CA 92101-419

CANCELLATION

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

2. The second part of the document focuses on the implementation of the proposed changes. It details the steps involved in the rollout process, from initial planning to final execution. This section also addresses potential challenges and provides strategies to overcome them, ensuring a smooth transition for all stakeholders involved.

3. The third part of the document provides a summary of the key findings and conclusions. It highlights the overall impact of the changes and offers recommendations for future improvements. This section also includes a list of references and a glossary of terms used throughout the document.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/9/13

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext): (888) 245-3516 Ty Sanders	COMPANY NAME AND ADDRESS Essex Insurance Company		NAIC NO: 39020
Thompson Insurance Enterprises LLC 3380 Chastain Meadows Parkway Suite 100 Kennesaw, GA 30144					
FAX (A/C, No):	E-MAIL ADDRESS: tsanders@clubinsurance.com				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #: 2410816			POLICY TYPE		
NAMED INSURED AND ADDRESS Performance360, LLC DBA: Performance360 4025 Gresham Street Unit 1			LOAN NUMBER		
			POLICY NUMBER HFP20011316-00		
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 4/2/13	EXPIRATION DATE 4/2/14	CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☐ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION

Loc 1: 1010 Santa Clara Place, San Diego, CA 92109

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	☒ SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 25,000						DED: \$1,000
☒ BUSINESS INCOME	☐ RENTAL VALUE	YES NO N/A				
		X				If YES, LIMIT: 50,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE			X			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X				
IS DOMESTIC TERRORISM EXCLUDED?		X				
LIMITED FUNGUS COVERAGE						If YES, LIMIT: \$15,000 DED: \$1,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X			
REPLACEMENT COST		X				
AGREED VALUE			X			
COINSURANCE		X				If YES, 90%
EQUIPMENT BREAKDOWN (If Applicable)		X				If YES, LIMIT: \$25,000 DED: \$1,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X			
- Demolition Costs						If YES, LIMIT: DED:
- Incr. Cost of Construction						If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)			X			If YES, LIMIT: DED:
FLOOD (If Applicable)			X			If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)			X			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		Agent _____ Date _____
NAME AND ADDRESS		(Please Sign and date)
The City of San Diego Real Estate Assets Dept.		Lessee Name: _____
1200 Third Ave., Suite 1700		Check Certificate for compliance and lease requirements
San Diego, CA 92101-419		Confirm Lease ID# _____
		Please return certificate to Admin Staff to process.
		AUTHORIZED REPRESENTATIVE _____