



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2025

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.

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.

PRODUCER License # 0C36861 Irvine - Alliant Insurance Services, Inc. 18100 Von Karman Ave 10th Fl Irvine, CA 92612 CONTACT NAME: Anne Krueger PHONE (A/C, No, Ext): (949) 260-5087 FAX (A/C, No): E-MAIL ADDRESS: akrueger@alliant.com INSURER(S) AFFORDING COVERAGE INSURER A: Great American E & S Insurance Company NAIC # 37532

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, Nonprofit D&O, and Employment Practices.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Nonprofit Directors & Officers Deductible - \$1,000 Employment Practices Deductible - \$10,000

Manuscript Municipal Coverage Form. Coverage information as per proposal. Policy form does not contain a General Liability Aggregate. Subject to policy terms, conditions and exclusions.

Notice of cancellation will be delivered only to the participating named insured as stated in the policy. SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION EVIDENCE OF COVERAGE 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 [Signature]

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Irvine - Alliant Insurance Services, Inc.		License # 0C36861	NAMED INSURED SOUTHERN CALIFORNIA COUNCIL OF QUILT GUILDS AND THEIR MEMBER ORGANIZATIONS 672 17TH STREET MANHATTAN BEACH, CA 90266
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:**Carriers on Policy:****Great American – 88%****StarStone Specialty – 12%**