

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR)
1/13/06

PRODUCER

Heffernan Insurance Brokers
P.O. Box 5608
Walnut Creek, CA 94596

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY
A Philadelphia Insurance Company
- COMPANY
B
- COMPANY
C
- COMPANY
D

Phone No: (925) 934-8500

INSURED

California - Nevada Annual Conference of the United Methodist Church
P.O. Box 5158
San Ramon, CA 94583

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PHPK150410	1/1/2006	1/1/2007	GENERAL AGGREGATE 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG 3,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE 1,000,000
					FIRE DAMAGE (ANY ONE FIRE) 100,000
					MED EXP (ANY ONE PERSON) 5,000
A	AUTOMOBILE LIABILITY	PHPK150410	1/1/2006	1/1/2007	COMBINED SINGLE LIMIT 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
	EXCESS LIABILITY				AGGREGATE
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE
					SELF-INSURED RETENTION
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				WORKERS COMPENSATION STATUTORY LIMITS
	<input type="checkbox"/> INCL				EL EACH ACCIDENT
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT
					EL DISEASE - EA EMPLOYEE
A	OTHER Crime Employee Dishonesty	PHPK150410	1/1/2006	1/1/2007	Limit \$250,000 Ded \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Glide Memorial UMC / The Glide Foundation, 330 Ellis Street, San Francisco, CA 94102. The Department of Human Services, the City and County of San Francisco, its Officers, Agents, Employees and Members of Commissions are named additional insured as respects City Contract. Except 10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER

City and County of San Francisco
Department of Human Services

1650 Mission Street, Suite 300
San Francisco, CA 941039

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KING UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

F. Michael Heffernan

Policy Number: PHPK150410
Insurance Co.: Philadelphia Indemnity Ins. Co
Named Insured: California -Nevada Annual Conf
Effective Date: 01/01/06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City and County of San Francisco
Department of Human Services
The Department of Human Services, the City and County of San Francisco, its Officers, Agents, Employees and Members of
Commissions
1650 Mission Street, Suite 300
San Francisco, CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

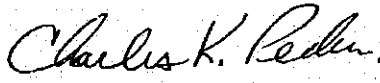
This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 1/1/2006	Countersigned By:
Named Insured: California – Nevada Annual Conference of the United Methodist Church Glide Memorial United Methodist Church	 (Authorized Representative)

SCHEDULE

<p>Name of Person(s) or Organization(s) :</p> <p>The Department of Human Services, the City and County of San Francisco, its Officers, Agents, Employees and Members of Commissions 1650 Mission Street, 1390 Market Street, Suite 900 San Francisco, CA 94102</p>
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

 GROUP:
 POLICY NUMBER: 1573884-2007
 CERTIFICATE ID: 26
 CERTIFICATE EXPIRES: 04-01-2008
 04-01-2007/04-01-2008

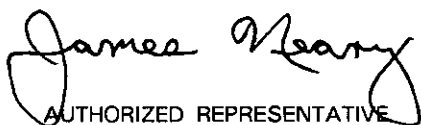
 CITY AND COUNTY OF SAN FRANCISCO NA
 DEPT OF HUMAN SERVICES
 PO BOX 7988
 SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

 BOARD OF TRUSTEES OF THE GLIDE FOUNDATION (A
 NON-PROFIT CORPORATION) DBA: THE GLIDE
 FOUNDATION AND HEALTH CLINIC GLIDE MEMORIAL
 UNITED METHODIST CHURCH
 330 ELLIS ST
 SAN FRANCISCO CA 94102