

CERTIFICATE OF COVERAGE

Named Member: USC Health System 1510 San Pablo Street, Suite 600 Los Angeles, CA 90033 Broker: Marsh & McLennan Agency LLC P.O. Box 85638 San Diego, CA 92186		This document certifies that coverage is in force for the Named Member on the Issue Date below, subject to the terms and conditions of the Contract designated. It is issued as a matter of information and does not confer any rights to any Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded under the Contract. If the Contract, or coverage for any Member, is canceled for any reason or if the terms of the Contract are changed, we will notify the Named Member only. Coverage is not in effect unless and until all payments are received when due.	
Certificate Number:	Effective Date	Expiration Date	Retroactive Date *
HCL-22-1250	7/1/22 at 12:01 a.m.	7/1/23 at 12:01 a.m.	9/1/86 at 12:01 a.m.
Description of Coverage:	im ate Per Contract Period	, ,	Claim gregate Per Contract Period The County of Humboldt as
Issue Date: April 06, 2023			
Certificate Holder:		Authorized Representative:	
University of Southern California Rossier School of Education		Michele D. Reager, CPCU Senior Director of Underwriting	

 $[\]ensuremath{^{*}}$ the retroactive date applies to claims made coverage only