



CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | ertificate does not confer rights to License # 0603247 | o tne | cert | ificate holder in lieu of su | | . , | | | | |
|---|-----------------------|--|---------------------|------------------------|--|------------------------|---------------------------------------|--|---|-----------|----------------------|
| PRODUCER License # 0603247 George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402 | | | | | CONTACT NAME: PHONE (707) 442 2074 FAX (707) 442 7004 | | | | | | |
| | | | | | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-7281 E-MAIL ADDRESS: info@gpins.com | | | | | | |
| | | | | | ADDRE | _{ss:} into@gp | ins.com | | | | |
| | | | | | | | | ` ' | DING COVERAGE | | NAIC # |
| | | | | | | INSURE | R A : Nonpro | fits' Insura | nce Alliance of Cal | ifornia | 11384 |
| INSU | JRED | | | | | INSURE | R в : State C | ompensation | on Insurance Fund | | 35076 |
| | | The Betty Kwan Chinn Home | eless | Fou | ndation | INSURE | RC: | | | | |
| | | P.O. Box 736 | | | | INSURER D: | | | | | |
| | | Eureka, CA 95502-0736 | | | | INSURE | RE: | | | | |
| | | | | | | INSURE | RF: | | | | |
| СО | VER | AGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN C E | IDICA ERTI XCLU | S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | EQUI PER POLI | REMI TAIN, CIES. | ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | NY CONTRAC THE POLIC REDUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS. | DOCUMENT WITH RES | PECT TO | WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LII | /ITS | |
| Α | X | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 500,000 |
| | | | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT X LOC | | | | | | | PRODUCTS - COMP/OP AG | 3 \$ | 2,000,000 |
| | | OTHER: | | | | | | | LIQUOR LIABILTY | \$ | 1,000,000 |
| Α | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | Х | ANY AUTO | | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person |) \$ | | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accide | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | | \$ | |
| Α | Х | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 |
| | | DED RETENTION \$ | | | | | | | | \$ | |
| В | WOF | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE OTH | . * | |
| | | | | X | 9335899 | | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | OFFI (Mar | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | MBER EXCLUDED? | | | | | E.L. DISEASE - EA EMPLOY | Ť | 1,000,000 | |
| | | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIM | | 1,000,000 |
| | DES | CKIF HON OF OF EIKATIONS BEIOW | | | | | | | L.L. DISLASE - FOLIOT LIM | 1 4 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | CRIDT | TION OF OPERATIONS / LOCATIONS / VEHIC | F\$ // | COPI | 101 Additional Pomarke School | ıla may b | a attached if mor | re snace is requir | ad) | | |
| RE: | Loa | n # HS-44717 | | | | | e attached ii iAOf | e space is requir | eu, | | |
| Wor | kers' | Compensation Waiver of Subroga | tion a | pplie | es per WC 2572, form to fo | llow. | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CE | RTIF | ICATE HOLDER | | | | CANC | ELLATION | | | | |

ACORD 25 (2016/03)

City of Eureka c/o AmeriNat

8121 East Florence Avenue Downey, CA 90240

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

THEBETT-01

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

CERTIFICATE OF LIABILITY INSURANCE

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 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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

| and continuate account come, rights to the continuate helder in hea or co | ion ondercomonico): | |
|---|---|----------|
| PRODUCER License # 0603247 | CONTACT NAME: | |
| George Petersen Insurance Agency, Inc. P.O. Box 3539 | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) | 442-7281 |
| Santa Rosa, CA 95402 | E-MAIL ADDRESS: info@gpins.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Nonprofits' Insurance Alliance of California | 11384 |
| INSURED | INSURER B : State Compensation Insurance Fund | 35076 |
| The Betty Kwan Chinn Homeless Foundation | INSURER C: | |
| P.O. Box 736 | INSURER D: | |
| Eureka, CA 95502-0736 | INSURER E: | |
| | INSURER F: | |
| | | |

<u>COVERAGES</u> 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,

| | XCLUSIONS AND CONDITIONS OF SUCH F | | | | | | |
|-------------|--|--------|--------------------------|----------------------------|--|---|--------------|
| INSR LTR | TYPE OF INSURANCE | ADDL S | UBR VVD POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | S |
| Α | X COMMERCIAL GENERAL LIABILITY | | | (, | ······································ | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | Х | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | MED EXP (Any one person) | \$ 20,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | LIQUOR LIABILTY | \$ 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | X ANY AUTO | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| Α | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ 2,000,000 |
| | DED RETENTION\$ | | | | | | \$ |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N | | 9335899 | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Work performed by the Named Insured on behalf of the Certificate Holder

The County of Humboldt, is officers, officials, employers and volunteers are named Additional Insured with respect to General Liability per NIAC-E61 02 19, including Primary Wording. All forms and/or endorsements are attached.

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|
| | |

County of Humboldt DHHS Financial Services Division Attn: CalFresh Billing Coordinator 507 F Street, CG Unit Eureka, CA 95501

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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.





CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

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| PRODUCER License # 0603247 | CONTACT NAME: | | | | | |
|---|---|--------|--|--|--|--|
| George Petersen Insurance Agency, Inc. P.O. Box 3539 | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442 | | | | | |
| Santa Rosa, CA 95402 | E-MAIL ADDRESS: info@gpins.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | |
| | INSURER A: Nonprofits' Insurance Alliance of Californi | | | | | |
| INSURED | INSURER B: State Compensation Insurance Fund | | | | | |
| The Betty Kwan Chinn Homeless Foundation | INSURER C: | | | | | |
| P.O. Box 736 | INSURER D: | | | | | |
| Eureka, CA 95502-0736 | INSURER E: | | | | | |
| | INSURER F: | | | | | |
| | | | | | | |

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.

| | XCLUSIONS AND CONDITIONS OF SUCH F | | | | | | | | |
|-------------|--|--------|-------------|----------------|----------------------------|----------------------------|---|----|-----------|
| INSR LTR | TYPE OF INSURANCE | ADDL S | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | ······ | ,, | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Х | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | LIQUOR LIABILTY | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO | | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | 70700 01121 | | | | | | , | \$ | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 |
| | DED RETENTION \$ | | | | | | | \$ | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N | | X | 9335899 | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Betty Kwan Chinn Day Center

County of Humboldt, its agents, officers, officials, employees and volunteers are named Additional Insured with respect to General Liability per NIAC-E61 02 19, including Primary Wording. General Liability Cancellation Wording applies per NIAC-E64 10 12. Workers' Compensation Waiver of Subrogation applies per 2572, form to follow. Cancellation Wording applies per 2065. All forms and/or endorsements are attached.

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|------------------|
| | |
| | |
| | |

County of Humboldt Department of Health & Human Services Attn: Risk Management 825 Fifth Street, Room 131 Eureka, CA 95501

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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt Catholic Charities of the Diocese of Santa Rosa

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.

ENDORSEMENT AGREEMENT CERTIFICATE HOLDERS' NOTICE

Policy #9099012-18

RENEWAL NA

PAGE 1

STATE
COMPENSATION
IN SURANCE
FUND

HOME OFFICE SAN FRANCISCO

EFFECTIVE May 9, 2018 at 12:01 A.M.

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

THE BETTY KWAN CHINN HOMELESS FOU

PO BOX 736 EUREKA, CA 95502

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THIS POLICY SHALL NOT BE CANCELLED UNTIL,

30 DAYS

AFTER WRITTEN NOTICE OF SUCH CANCELLATION HAS BEEN PLACED IN THE MAIL BY STATE FUND TO CURRENT HOLDERS OF CERTIFICATE OF WORKERS' COMPENSATION INSURANCE.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

PRESIDENT AND CEO

2065



AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

CERTIFICATE OF LIABILITY INSURANCE

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 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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER License # 0603247 | CONTACT NAME: | | | | | |
|---|--|--------|--|--|--|--|
| George Petersen Insurance Agency, Inc. P.O. Box 3539 | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) 442-72 | | | | | |
| Santa Rosa, CA 95402 | E-MAIL ADDRESS: info@gpins.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | |
| | INSURER A: Nonprofits' Insurance Alliance of Californi | | | | | |
| INSURED | INSURER B: State Compensation Insurance Fund | | | | | |
| The Betty Kwan Chinn Homeless Foundation | INSURER C: | | | | | |
| P.O. Box 736 | INSURER D: | | | | | |
| Eureka, CA 95502-0736 | INSURER E : | | | | | |
| | INSURER F: | | | | | |
| | | | | | | |

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.

| | XCLUSIONS AND CONDITIONS OF SUCH F | | | | | | | | |
|-------------|--|--------|-------------|----------------|----------------------------|----------------------------|---|----|-----------|
| INSR LTR | TYPE OF INSURANCE | ADDL S | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | ······ | ,, | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Х | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | LIQUOR LIABILTY | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO | | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | 70700 01121 | | | | | | , | \$ | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 |
| | DED RETENTION \$ | | | | | | | \$ | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N | | X | 9335899 | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Next Steps for CalFresh Outreach

County of Humboldt Department of Health & Human Services, its agents, officers, officials, employees and volunteers are named Additional Insured with respect to General Liability per NIAC-E61 02 19, including Primary Wording, Cancellation Wording applies per NIAC-E64 10 12. Workers' Compensation Waiver of Subrogation applies per WC 2572. Cancellation Wording applies per WC 2065. All forms and/or endorsements are attached.

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| County of Humboldt Department of Health & Human Services Social Services Branch 825 Fifth Street. Room 131 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Fureka CA 95501 | AUTHORIZED REPRESENTATIVE |

ACORD 25 (2016/03)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt Catholic Charities of the Diocese of Santa Rosa

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.

ENDORSEMENT AGREEMENT CERTIFICATE HOLDERS' NOTICE

Policy #9099012-18

RENEWAL NA

PAGE 1

STATE
COMPENSATION
IN SURANCE
FUND

HOME OFFICE SAN FRANCISCO

EFFECTIVE May 9, 2018 at 12:01 A.M.

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

THE BETTY KWAN CHINN HOMELESS FOU

PO BOX 736 EUREKA, CA 95502

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THIS POLICY SHALL NOT BE CANCELLED UNTIL,

30 DAYS

AFTER WRITTEN NOTICE OF SUCH CANCELLATION HAS BEEN PLACED IN THE MAIL BY STATE FUND TO CURRENT HOLDERS OF CERTIFICATE OF WORKERS' COMPENSATION INSURANCE.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

PRESIDENT AND CEO

2065

THEBETT-01

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

CERTIFICATE OF LIABILITY INSURANCE

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 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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER License # 0603247 | CONTACT NAME: | | | | | |
|---|---|----------|--|--|--|--|
| George Petersen Insurance Agency, Inc. P.O. Box 3539 | PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707) | 442-7281 | | | | |
| Santa Rosa, CA 95402 | E-MAIL ADDRESS: info@gpins.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | |
| | INSURER A: Nonprofits' Insurance Alliance of California | | | | | |
| INSURED | INSURER B: State Compensation Insurance Fund | 35076 | | | | |
| The Betty Kwan Chinn Homeless Foundation | INSURER C: | | | | | |
| P.O. Box 736 | INSURER D: | | | | | |
| Eureka, CA 95502-0736 | INSURER E: | | | | | |
| | INSURER F: | | | | | |
| | | | | | | |

REVISION NUMBER: COVERAGES CERTIFICATE 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,

| | | JSIONS AND CONDITIONS OF SUCH | | | | | | | | |
|-------------|-----|--|--------------|------|----------------|--------------|----------------------------|---|----|-----------|
| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | , | ,, | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | Х | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | LIQUOR LIABILTY | \$ | 1,000,000 |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X | ANY AUTO | | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| Α | X | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 |
| | | DED RETENTION \$ | | | | | | | \$ | |
| В | WOF | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER OTH- STATUTE ER | | |
| | ANY | PROPRIETOR PARTIER/EXECUTIVE | N/A | X | 9335899 | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | idatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DES | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Work performed by the Named Insured on behalf of the Certificate Holder

County of Humboldt Department of Health and Human Services - Social Services Branch are named Additional Insured with respects to General Liability per NIAC-E61 02 19. Workers' Compensation Waiver of Subrogation applies per WC 2572, form to follow. All forms and/or endorsements are attached.

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|
| | |

County of Humboldt Department of Health and Human Services Social Services Branch 929 Koster Street Eureka, CA 95501

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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THEBETT-01

AARREDONDO

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

4/11/2023

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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| tl | nis c | ertificate does not | t confer rights to | o the | cert | ificate holder in lieu of su | ıch enc | lorsement(s) | ooncles may | require an end | or Serrieri | t. A S | ratement on |
|--------------|-----------------------|--|---|---------------------|-------------------------|--|-------------------|--|---|--|--------------------|--------|-------------|
| | | R License # 06032 | | | | | CONTA NAME: | | | ı | | | |
| Ged P.O | rge . Bo | Petersen Insurand x 3539 | ce Agency, Inc. | | | | PHONE (A/C, No | o, Ext): (/U/) 4 | 42-2971 | | FAX (A/C, No):(| 707) | 442-7281 |
| | | osa, CA 95402 | | | | | E-MAIL ADDRE | _{ss:} info@gp | ins.com | | | | |
| | | | | | | | | INS | URER(S) AFFOR | RDING COVERAGE | | | NAIC # |
| | | | | | | | INSURE | R A : Nonpro | fits' Insura | nce Alliance | of Califo | rnia | 11384 |
| INS | IRED | | | | | | INSURE | RB: State C | ompensation | on Insurance I | Fund | | 35076 |
| | | The Betty Kv | van Chinn Home | eless | Fou | ndation | INSURE | R C : | | | | | |
| | | P.O. Box 736 | | | | | INSURE | RD: | | | | | |
| | | Eureka, CA 9 | 95502-0736 | | | | INSURE | RE: | | | | | |
| | | | | | | | INSURE | RF: | | | | | |
| CC | VER | RAGES | CER | TIFI | CATE | NUMBER: | | | | REVISION NUM | /IBER: | | |
| II C E | IDICA ERTI XCLU | ATED. NOTWITHS [*] IFICATE MAY BE IS | TANDING ANY R SSUED OR MAY ITIONS OF SUCH | EQUI PER POLI | IREMI TAIN, CIES. | SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | NY CONTRAC THE POLICI REDUCED BY | CT OR OTHER ES DESCRIB PAID CLAIMS. | R DOCUMENT WIT ED HEREIN IS SI | TH RESPE | CT TO | WHICH THIS |
| INSR LTR | | TYPE OF INSUI | | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | s | 4 000 006 |
| Α | X | COMMERCIAL GENER | | | | | | | | EACH OCCURRENCE | <u>DE</u> | \$ | 1,000,000 |
| | | CLAIMS-MADE | X OCCUR | X | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | DAMAGE TO RENT PREMISES (Ea occu | urrence) | \$ | 500,000 |
| | | | | | | | | | | MED EXP (Any one | person) | \$ | 20,000 |
| | | | | | | | | | | PERSONAL & ADV | INJURY | \$ | 1,000,000 |
| | GEN | N'L AGGREGATE LIMIT A | | | | | | | | GENERAL AGGREG | 3ATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT | X LOC | | | | | | | PRODUCTS - COMP | | \$ | 2,000,000 |
| _ | | OTHER: | | | | | | | | COMBINED SINGLE | | \$ | 1,000,000 |
| Α | - | TOMOBILE LIABILITY | | | | | | | | (Ea accident) | : LIMIT | \$ | 1,000,000 |
| | X | ANY AUTO | 2 SCHEDIII ED | | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | BODILY INJURY (Pe | er person) | \$ | |
| | | OWNED AUTOS ONLY | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | | \$ | |
| | | HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | ,E | \$ | |
| Α. | | | \ | | | | | | | | | \$ | 2 000 000 |
| Α | X | UMBRELLA LIAB | X OCCUR | | | 2022-35255-UMB | | 9/19/2022 | 9/19/2023 | EACH OCCURRENCE | CE | \$ | 2,000,000 |
| | | EXCESS LIAB | CLAIMS-MADE | - | | 2022-33233-OWD | | 9/19/2022 | 9/19/2023 | AGGREGATE | | \$ | 2,000,000 |
| В | WOF | DED RETENTION | | | | | | | | V PER | OTH- | \$ | |
| В | | RKERS COMPENSATION EMPLOYERS' LIABILIT | | | | 9335899 | | 3/27/2023 | 3/27/2024 | X PER STATUTE | OTH- ER | | 1,000,000 |
| | ANY | PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE Indatory in NH) | R/EXECUTIVE ED? | N/A | | 333033 | | 3/2//2023 | 3/2//2024 | E.L. EACH ACCIDE! | | \$ | 1,000,000 |
| | If ves | s. describe under | | | | | | | | E.L. DISEASE - EA I | | \$ | 1,000,000 |
| | DÉS | CRIPTION OF OPERATION | ONS below | | | | | | | E.L. DISEASE - POL | LICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| RE: The | 205 certi | 7th Street Eureka, | CA 95501 med Additional I | • | | 0 101, Additional Remarks Schedu | | | | , | g. All forn | ns and | 1/or |
| | | | | | | | | | | | | | |
| CE | RTIF | FICATE HOLDER | | | | | CANO | ELLATION | | | | | |
| | | Littlefield and P.O. Box 261 Bayside CA 9 | | | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS. | | | |

Named Insured: Betty Kwan Chinn Homeless Foundation

CG 20 11 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Designation Of Premise | es (Part Leased To You): |
|----------------------------|--|
| Name Of Person(s) Or C | Organization(s) (Additional Insured): |
| name as an additional ins | on acting as a manager or lessor of a covered premises that you are required to sured on this policy, under a written contract, lease or agreement currently in effect, ing the term of this policy. |
| Additional Premium: | Included |
| Information required to co | omplete this Schedule, if not shown above, will be shown in the Declarations. |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- **1.** Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THEBETT-01

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or be endorsed.

| tl | nis certificate does not confer rights t | o the | cert | ificate holder in lieu of su | CONTAC NAME: | | • | | | |
|-------------|---|--------------|------------------------|--|------------------|--|--|--|--------|-------------|
| | orge Petersen Insurance Agency, Inc. | | | | | | 40 0074 | FAX | (707) | 440.7004 |
| P.O | . Box 3539 | | | | (A/C, No | o, Ext): (707) 4 | 42-29/1 | (A/C, No): | (707) | 442-7281 |
| San | ta Rosa, CA 95402 | | | | ADDRE | _{ss:} info@gp | | | | T |
| | | | | | | | • | RDING COVERAGE | | NAIC # |
| | | | | | | | | ance Alliance of Califo | rnia | 11384 |
| INSU | JRED | | | | INSURE | R в : State Co | ompensati | on Insurance Fund | | 35076 |
| | The Betty Kwan Chinn Hom | eless | Fou | ndation | INSURE | RC: | | | | |
| | P.O. Box 736 Eureka, CA 95502-0736 | | | | INSURE | RD: | | | | |
| | Eureka, CA 95502-0756 | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | VERAGES CER | TIFIC | CATE | E NUMBER: | | | | REVISION NUMBER: | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER POLI | REMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A DED BY | NY CONTRAC 7 THE POLICI REDUCED BY I | CT OR OTHER ES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Х | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 500,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | | LIQUOR LIABILTY | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO | | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ONET | | | | | | | (i oi deoideiri) | \$ | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 |
| | DED RETENTION \$ | 1 | | | | | | AGGILGATE | \$ | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER OTH- | Ψ | |
| | | | | 9335899 | | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | Ψ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | φ | 1,000,000 |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DEC | CRIPTION OF ORERATIONS / LOCATIONS / VEHIC | 1.50 (| L CODE | A 404 A delikion of Domonico Cohodo | | | ! | | | |
| RE: | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 77 W. 2nd Street, Eureka, CA 95501 | LES (/ | ACORL | J 101, Additional Remarks Schedu | ne, may b | e attached if more | e space is requi | rea) | | |
| Mer | cer-Fraser Company is named Addition | al Ins | ured | with respect to General Li | ability p | per NIAC-E61 | 02 19. All for | rms and/or endorsements | are at | tached. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | • • • • • | | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | | | | | env | | THE ABOVE D | ESCRIBED POLICIES BE CA | ANCEL | I EN REFORE |
| | Mangan France Occurre | | | | THE | EXPIRATION | N DATE TH | IEREOF, NOTICE WILL | | |
| | Mercer-Fraser Company | | | | | | | CY PROVISIONS. | | |

ACORD 25 (2016/03)

P.O. Box 1006 **Eureka, CA 95502**

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO

THEBETT-01

DATE (MM/DD/YYYY) 4/11/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

| lf th | SUBROGATION IS WAIVED, subje is certificate does not confer rights t | ct to o the | the certi | terms and conditions of ificate holder in lieu of su | the pol | licy, certain lorsement(s) | policies may | require an endorsemen | t. As | tatement on |
|-------------|--|---------------------|-------------------------|--|---------------------------|--|--|--|-------|-------------|
| PRO | DUCER License # 0603247 | | | | CONTAC NAME: PHONE | CT | | | | |
| Geo | rge Petersen Insurance Agency, Inc. | | | | PHONE | o, Ext): (707) 4 | 142-2971 | FAX | 707) | 442-7281 |
| | Box 3539 ta Rosa, CA 95402 | | | | E-MAIL | _{ss:} info@gp | ins.com | (A/C, NO).1 | , | |
| - Cu | .a 1100a, 07100 102 | | | | ADDRE | | | RDING COVERAGE | | NAIC# |
| | | | | | INCLIDE | | | on Insurance Fund | | 35076 |
| INSU | RED | | | | INSURE | | oponoun | on moditation i dita | | 333.3 |
| | The Betty Kwan Chinn Hom | alaas | . Eau | ndation | INSURE | | | | | |
| | P.O. Box 736 | CICS | Fou | iluation | INSURE | | | | | |
| | Eureka, CA 95502-0736 | | | | INSURE | | | | | |
| | | | | | INSURE | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | REQU PER POLI | IREMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | NY CONTRAC THE POLICI REDUCED BY | TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS. | RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | | | | | , , | , | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| _ | DED RETENTION \$ | | | | | | | DED OTH | \$ | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | 0005000 | | 0/07/0000 | 0/07/0004 | X PER STATUTE OTH- ER | | 4 000 000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | 9335899 | | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Proof of Coverage | ELES (A | ACORE | D 101, Additional Remarks Schedu | le, may b | e attached if mor | re space is requir | ed) | | |
| | OTIFICATE LICE DED | | | | 0411 | \F!! AT'S' | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | Preferred Employer Solution 436 Harris street Eureka, CA 95503 | าร | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS. | | |
| | , | | | | AUTHORIZED REPRESENTATIVE | | | | | |





CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO

DATE (MM/DD/YYYY) 4/11/2023

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.

| lf th | MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject sis certificate does not confer rights to | t to | the | terms and conditions of | the pol | licy, certain ¡ | policies may | | | |
|-----------|--|-------------------|---------------|---|-------------------|------------------|----------------------------|-------------------------------------|-------|------------|
| PROI | DUCER License # 0603247 | | | | CONTAC NAME: | СТ | | | | |
| | rge Petersen Insurance Agency, Inc. Box 3539 | | | | PHONE (A/C, No | o, Ext): (707) 4 | | FAX (A/C, No): | (707) | 442-7281 |
| | ta Rosa, CA 95402 | | | | E-MAIL ADDRES | | | | | |
| | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# |
| | | | | | INSURE | R A : Nonpro | fits' Insura | ince Alliance of Califo | ornia | 11384 |
| INSU | RED | | | | INSURE | R в : State C | ompensatio | on Insurance Fund | | 35076 |
| | The Betty Kwan Chinn Home | meless Foundation | | | INSURE | RC: | | | | |
| | P.O. Box 736 | | | | INSURE | RD: | | | | |
| | Eureka, CA 95502-0736 | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN CE | HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY | EQUI PER | REME TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORD | N OF A | NY CONTRAC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH RESPI | CT TO | WHICH THIS |
| E) NSR | XCLUSIONS AND CONDITIONS OF SUCH | | CIES. SUBR | | BEEN R | POLICY EFF | PAID CLAIMS. POLICY EXP | | | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | | LIMIT | S | 1 000 000 |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Χ | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | PREMISES (Ea occurrence) | \$ | 500,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 20,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | | | | | | | | | |

| LIK | = 0 0 | INSD WV | | | | | |
|-----|---|---------|----------------|-----------|-----------|--|---|
| Α | X COMMERCIAL GENERAL LIABILITY | | | | , | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | х | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | MED EXP (Any one person) | \$ 20,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | LIQUOR LIABILTY | \$ 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | X ANY AUTO | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | AUTOS ONLY AUTOS ONLY | | | | | (Fer accident) | \$ |
| Α | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ 2,000,000 |
| | DED RETENTION \$ | | | | | AGGREGATE | \$ |
| В | WORKERS COMPENSATION | | | | | X PER OTH- | \$ |
| _ | AND EMPLOYERS' LIABILITY | | 9335899 | 3/27/2023 | 3/27/2024 | | 1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Blue Slide Camp - Korbel CA

The Church of the Nazarene is named as Additional insured in respects to General Liability per CG 20 26 12 19. Waiver of Subrogation applies per NIAC-E26 11 17, form to follow. All forms and/or endorsements are attached.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| The Church of the Nazarene 2039 E Street Eureka, CA 95501 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Euleka, GA 93301 | AUTHORIZED REPRESENTATIVE |
| | Julia Va |

Named Insured: Betty Kwan Chinn Homeless Foundation

CG 20 26 12 19

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 Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- **1.** Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO

THEBETT-01

DATE (MM/DD/YYYY) 4/11/2023

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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| t | nis c | ertificate does not | confer rights to | the | cert | ificate holder in lieu of su | ich end | orsement(s) | | require an endorseme | iii. A S | tatement on |
|------------|---------------------------------------|--|--|---------------------|-------------------------|---|---|--------------------------|---------------------------|---|-----------|-------------|
| | | ER License # 06032 | | | | | CONTACT NAME: PHONE (707) 442 2074 FAX (707) 442 7004 | | | | | |
| P.O | . Bo | Petersen Insurand x 3539 | e Agency, Inc. | | | | (A/C, No, Ext): (101) 442-2911 (A/C, No):(101) 442-1281 | | | | | 442-7281 |
| Sar | ta R | osa, CA 95402 | | | | | ADDRES | _{ss:} info@gp | ins.com | | | 1 |
| | | | | | | | | | | RDING COVERAGE | | NAIC # |
| | | | | | | | INSURE | R A : Nonpro | fits' Insura | ince Alliance of Cali | fornia | |
| INS | JRED | | | | | | INSURE | RB:State Co | ompensatio | on Insurance Fund | | 35076 |
| | | | van Chinn Home | eless | Fou | ndation | INSURE | R C : | | | | |
| | P.O. Box 736 Eureka, CA 95502-0736 | | | | | | INSURE | RD: | | | | |
| | | | | | | | INSURE | RE: | | | | |
| | | | | | | | INSURE | RF: | | | | |
| | | RAGES | | | | NUMBER: | | | | REVISION NUMBER: | | |
| II C | IDICA ERTI XCLI | ATED. NOTWITHS IFICATE MAY BE IS USIONS AND CONDI | TANDING ANY R SSUED OR MAY TIONS OF SUCH | EQUI PER POLI | IREMI TAIN, CIES. | SURANCE LISTED BELOW I ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | N OF A DED BY | NY CONTRAC THE POLICI | CT OR OTHER ES DESCRIB | R DOCUMENT WITH RES ED HEREIN IS SUBJECT | TO ALL | WHICH THIS |
| LTR | _ | TYPE OF INSUI | | INSD | SUBR | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIN | IITS | 1,000,000 |
| Α | X | COMMERCIAL GENER | | | | | | | | EACH OCCURRENCE | \$ | 500,000 |
| | | CLAIMS-MADE | X OCCUR | X | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 20.000 |
| | | | | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | GEI | N'L AGGREGATE LIMIT A | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | - | POLICY PRO- JECT | X LOC | | | | | | | PRODUCTS - COMP/OP AGO LIQUOR LIABILTY | \$ \$ | 1,000,000 |
| Α | | OTHER: | | | | | | | | COMBINED SINGLE LIMIT | \$ | 1,000,000 |
| ^ | _ | TOMOBILE LIABILITY | | | | 0000 05055 NDO | | 0/40/0000 | 0/40/0000 | (Ea accident) | \$ | 1,000,000 |
| | X | ANY AUTO OWNED | SCHEDULED | | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | | |
| | - | OWNED AUTOS ONLY | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accider PROPERTY DAMAGE | t) \$ | |
| | - | HIRED AUTOS ONLY | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| Α | X | | X OCCUR | | | | | | | | \$ | 2,000,000 |
| ^ | <u> </u> | UMBRELLA LIAB EXCESS LIAB | X OCCUR CLAIMS-MADE | | | 2022-35255-UMB | | 9/19/2022 | 9/19/2023 | EACH OCCURRENCE | \$ | 2,000,000 |
| | | | | | | 2022 00200 01112 | | 0/10/2022 | 0/10/2020 | AGGREGATE | \$ | _,000,000 |
| В | WOF | DED RETENTION | | | | | | | | X PER OTH- STATUTE ER | \$ | |
| _ | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | 9335899 | 3/27/2023 | 3/27/2024 | | + | 1,000,000 | |
| | OFF | PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE Indatory in NH) | ED? | N/A | | 3000033 | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | If ve | s, describe under | | | | | | | | E.L. DISEASE - EA EMPLOYI | | 1,000,000 |
| | DES | SCRIPTION OF OPERATION | ONS below | | | | | | | E.L. DISEASE - POLICY LIMI | Γ \$ | 1,000,000 |
| | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| DES | CRIPT | TION OF OPERATIONS / | I OCATIONS / VEHICI | FS / | ⊥ ∆COP! | D 101, Additional Remarks Schedu | ıle mav b | attached if more | e snace is requir | ed) | | |
| RE: The | Ope City | en House · of Eureka, is office | ers, officials, emp | oloye | ers an | nd volunteers are named A ements are attached. | | | | · | AC-E61 | 02 19, |
| ı | | | | | | | | | | | | |
| CE | RTIE | FICATE HOLDER | | | | | CANO | ELLATION | | | | |
| UE | 1 \ 1 1 | ICATE HOLDER | | | | | CANC | LLLATION | | | | |
| | | The City of E 531 K Street | | | | | THE | EXPIRATION | N DATE TH | ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS. | | |



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THEBETT-01

AARREDONDO

DATE (MM/DD/YYYY) **CERTIFICATE OF LIABILITY INSURANCE** 4/11/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

| th | 13 0 | ertificate does no R License # 0603 | 34. | 7 | | | | | | - | | | | |
|----------------------|---|---|------------|----------------------------------|----------------------------|---------------------------------|---|--|--|---|---|-------------------------|-------|----------------------|
| Geo P.O. | rge l Box | Petersen Insuran c 3539 | | | | | | CONTACT NAME: PHONE (A/C, No, Ext): (707) 442-2971 E-MAIL ADDRESS: info@gpins.com | | | | | (707) | 442-7281 |
| Sam | a K | osa, CA 95402 | | | | | | | | | | | | |
| | | | | | | | | | | • | RDING COVERAGE ANCE Alliance | | rnia | NAIC # |
| INSU | DED. | | | | | | | | | | on Insurance | | nilla | 35076 |
| INSU | KED | | | . | | _ | | | | ompensan | on msurance | runu | | 33076 |
| | The Betty Kwan Chinn Homeless Foundation P.O. Box 736 | | | | | | INSURE | | | | | | | |
| | | Eureka, CA | - | 502-0736 | | | | INSURE | | | | | | |
| | | | | | | | | INSURE | | | | | | |
| | /ED | AGES | | CER | TIFI | ~ A T | E NUMBER: | INSURE | KF: | | REVISION NU | MDED. | | |
| TH IN CI E) | IIS I DIC <i>I</i> ERTI | S TO CERTIFY TI ATED. NOTWITHS FICATE MAY BE | STA ISS | THE POLICIENDING ANY RUED OR MAY | ES O EQU PER POLI | F INS IREMI TAIN, CIES | SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A DED BY | NY CONTRAC THE POLICI REDUCED BY | CT OR OTHEF IES DESCRIB PAID CLAIMS | RED NAMED ABOR DOCUMENT WEED HEREIN IS | OVE FOR T | CT TC |) WHICH THIS |
| INSR LTR | | TYPE OF INSU | JRA | NCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| Α | X | CLAIMS-MADE | RAL X | _ | x | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | EACH OCCURRED DAMAGE TO REN PREMISES (Ea oc | NCE TED currence) | \$ | 1,000,000 500,000 |
| | | | | | | | | | | | MED EXP (Any on | | \$ | 20,000 |
| | | | | | | | | | | | PERSONAL & AD | / INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGRE <u>GAT</u> E LIMIT | APE | PLIES PER: | | | | | | | GENERAL AGGRE | GATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT | | X LOC | | | | | | | PRODUCTS - COM | MP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | | | LIQUOR LIAE | | \$ | 1,000,000 |
| Α | AUT | OMOBILE LIABILITY | | | | | | | | | COMBINED SINGI (Ea accident) | LE LIMIT | \$ | 1,000,000 |
| | X | ANY AUTO | _ | | | | 2022-35255-NPO | | 9/19/2022 | 9/19/2023 | BODILY INJURY (I | Per person) | \$ | |
| | | OWNED AUTOS ONLY | _ S | CHEDULED UTOS | | | | | | | BODILY INJURY (I | | \$ | |
| | | HIRED AUTOS ONLY | _ N | ION-OWNED UTOS ONLY | | | | | | | PROPERTY DAMA (Per accident) | AGE | \$ | |
| | | | | | | | | | | | | | \$ | |
| Α | X | UMBRELLA LIAB | X | OCCUR | | | | | | | EACH OCCURRE | NCE | \$ | 2,000,000 |
| | | EXCESS LIAB | | CLAIMS-MADE | | | 2022-35255-UMB | | 9/19/2022 | 9/19/2023 | AGGREGATE | | \$ | 2,000,000 |
| | | DED RETENT | | \$ | | | | | | | | | \$ | |
| В | WOR | KERS COMPENSATIO EMPLOYERS' LIABILI | N TY | | | | | | | | X PER STATUTE | OTH- ER | | |
| | ANY | PROPRIETOR/PARTNE CER/MEMBER EXCLUDI Idatory in NH) | R/E | XECUTIVE Y/N | N/A | | 9335899 | | 3/27/2023 | 3/27/2024 | E.L. EACH ACCID | ENT | \$ | 1,000,000 |
| | (Man | datory in NH) | יכטי | | , | | | | | | E.L. DISEASE - EA | A EMPLOYEE | \$ | 1,000,000 |
| | DES | s, describe under CRIPTION OF OPERAT | ION | S below | | | | | | | E.L. DISEASE - PO | DLICY LIMIT | \$ | 1,000,000 |
| DESC | RIPT | ION OF OPERATIONS | /LO | CATIONS / VEHIC | IFS (| ACORE | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| The City of Eureka 531 K Street Eureka, CA 95501 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Luieka, OA 33301 | AUTHORIZED REPRESENTATIVE |
| | \sim |



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THEBETT-01

CERTIFICATE OF LIABILITY INSURANCE

AARREDONDO DATE (MM/DD/YYYY) 4/11/2023

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.

| lf th | PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjectis certificate does not confer rights to | t to | the | terms and conditions of the | policy, certain | oolicies may | | | | |
|---|--|---------------------|------------------------|---|---|--|---|-------|------------|--|
| PROI | DUCER License # 0603247 | | | CO | CONTACT NAME: | | | | | |
| Geo | rge Petersen Insurance Agency, Inc. | | | | ONE C, No, Ext): (707) 4 | 42-2971 | FAX (A/C No) | (707) | 442-7281 | |
| | O. Box 3539 anta Rosa, CA 95402 (A/C, NO, Ext): (107) 442 2571 (A/C, NO): (107) 442 (A/C, N | | | | | | , | | | |
| | | | | AD | | | RDING COVERAGE | | NAIC # | |
| | | | | INS | | | ance Alliance of Califo | ornia | 11384 | |
| INSURED INSURER B : State Compensation Insurance Fund | | | | | | 35076 | | | | |
| | The Betty Kwan Chinn Home | ععماد | Fou | | SURER C : | | | | | |
| | P.O. Box 736 | ,,,,,, | . 04 | | URER D : | | | | | |
| | Eureka, CA 95502-0736 | | | | SURER E : | | | | | |
| | | | | | URER F : | | | | | |
| CO | /ERAGES CER | TIFIC | CATE | NUMBER: | | | REVISION NUMBER: | | 1 | |
| IN CE | HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH I | EQUI PER POLI | REME TAIN, CIES. | ENT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEE | F ANY CONTRAC BY THE POLICI EN REDUCED BY POLICY FEE | CT OR OTHER ES DESCRIB PAID CLAIMS. POLICY EXP | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | O ALL | WHICH THIS | |
| LTR | | INSD | SUBR WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | 1,000,000 | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 500,000 | |
| | CLAIMS-MADE X OCCUR | X | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 20,000 | |
| | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY PRO- X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: | | | | | | LIQUOR LIABILTY COMBINED SINGLE LIMIT | \$ | 1,000,000 | |
| Α | AUTOMOBILE LIABILITY | | | | | | (Ea accident) | \$ | 1,000,000 | |
| | X ANY AUTO | | | 2022-35255-NPO | 9/19/2022 | 9/19/2023 | BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | 0.000.000 | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 2,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | 2022-35255-UMB | 9/19/2022 | 9/19/2023 | AGGREGATE | \$ | 2,000,000 | |
| | DED RETENTION \$ | | | | | | | \$ | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER OTH- | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | X | 9335899 | 3/27/2023 | 3/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (Mandatory in NH) | , | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | FS (4 | CORL | 101 Additional Remarks Schedule m | av he attached if mor | e snace is requir | ed) | · | | |

RE: 205 7th Street Eureka, CA 95501

The City of Eureka, is officers, officials, employers and volunteers are named Additional Insured with respect to General Liability per NIAC-E61 02 19, including Primary Wording. Cancellation Wording applies per NAIC-E64 10 12. Workers' Compensation Waiver of Subrogation applies per WC 2572, form to follow. All forms and/or endorsements are attached.

| OFFITIEIOATE HOLDER | OANOFIL ATION |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| The City of Eureka 531 K Street Eureka, CA 95501 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Edieka, OA 33301 | AUTHORIZED REPRESENTATIVE |
| | W. Vo |



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II - WHO IS AN INSURED is amended to include:

Name of Person or Organization:

- **4.** Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your negligent acts or omissions; or
 - **b.** The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

- B. Section III LIMITS OF INSURANCE is amended to include:
 - **8.** The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.
- C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:
 - 4. Other Insurance
 - a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

(1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or

(2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b**. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I COVERAGE A BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt Catholic Charities of the Diocese of Santa Rosa

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.