

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDIYYYY) 09/30/22

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 englorsement(s).

2:i c⊤ Melissa Boomer					
[_i1JgNJo_Ext; 707 725-3400 Et2 No:					
! t ss: melissa attersonconners.com					
INSURER(\$) AFFORDING COVERAGE	NAIC#				
INSURER A : Nonprofits Insurance Alliance of CA	10023				
INSURER B:					
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					
	2:i cT Melissa Boomer Jagnado Ext.: 707 725-3400 E12 No: ! t SS: melissa attersonconners.com Insurer(s) Affording Coverage Insurer A : Nonprofits Insurance Alliance of CA Insurer B : Insurer C : Insurer D : Insurer E :				

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 REDUICED BY PAID CLAIMS

L E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																
1 : :	L	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	(: hli)	(Ji)	LIMIT	rs								
	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$ 1,000,000 \$ 500,000								
Ι.			.]_				MED EXP (Any one person)	\$ 20,000									
A			Y		2022-05349-NPO	10/03/22	10/03/23	PERSONAL & ADV INJURY	\$ 1,000,000								
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000								
-	,	POLICY \longrightarrow ,mg: $[X]$ Loc						PRODUCTS - COMP/OP AGG	3,000,000								
		OTHER:							\$								
		TOMOBILE LIABILITY	у						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000							
	X	ANYAUTO							BODILY INJURY (Per person) \$								
A		RWNGSONLY UHEDS LED		2022-053	2022-05349-NPO	10/03/22	10/03/23	BODILY INJURY (Per accident)	\$								
		HIRED ON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$								
	X	UMBRELLA LIAB OCCUR		2022-05349-UMB			EACH OCCURRENCE	\$ 2,000,000									
A		EXCESS LIAB CLAIMS-MADI	Υ		2022-05349-UMB	10/03/22	10/03/23	AGGREGATE	\$ 2,000,000								
		DED X RETENTION\$ 10,000								\$							
		RKERS COMPENSATION EMPLOYERS' LIABILITY y/N						PER OTH- STATUTE ER									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$								
								E.L. DISEASE - EA EMPLOYEE	\$								
		s, describe under CRIPTION OF OPERATIONS below						E.L.DISEASE-POLICYLIMIT	\$								
	Social Services Professional						Ea. Occurrence	\$1,000,000									
A		ability	У		2022-05349-NPO	10/03/22	10/03/23	Aggregate	\$3,000,000								

 ${\tt DESCRIPTION\ OF\ OPERATIONS/\ LOCATIONS/\ VEHICLES\ (ACORD\ 101,\ Additional\ Remarks\ Schedule,\ may\ be\ attached\ if\ more\ space\ is\ required)}$

Per written agreement, County of Humboldt, including its officers, officials, employees and volunteers, is additional insured; See endorsement NIAC E61 attached.

CERTIFICATE HOLDER	CANCELLATION			
County of Humboldt Department of Health and Human Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Children & Family Svcs - Mental Health	AUTHORIZED REPRESENTATIVE			
2440 - Sixth St.				
Eureka, CA 95501	Malis - Bran-			

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