

CERTIFICATE OF LIABILITY INSURANCE

MWOODMAN

DATE (MM/DD/YYYY)

FIELLLC-01

										6/14/2023		
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).												
PRODUCER CONTACT Mary Woodman												
Associated 1701 Golf Road #3-700 Rolling Meadows, IL 60008	NAME: FAX PHONE [A/C, No, Ext): (847) 427-3452 FAX ADDRESS: mwoodman@associated.cc [A/C, No]: (847) 427-3430											
	INSURER(S) AFFORDING COVERAGE							NAIC #				
	INSURER A : Valley Forge Insurance Company							20508				
INSURED	INSURER B : Continental Casualty Company							20443				
Fieldware, LLC	INSURER C :											
564 West Randolph, Suite 200 Chicago, IL 60661					INSURER D :							
					INSURER E :							
	INSURER F :											
COVERAGES CEF			REVISIO		BER:							
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.												
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	rs		
A X COMMERCIAL GENERAL LIABILITY							EACH OCC	URRENC	E	\$	2,000,000	
CLAIMS-MADE X OCCUR			7012593542		1/1/2023	1/1/2024	DAMAGE TO PREMISES) RENTE (Ea occu	:D rrence)	\$	300,000	
							MED EXP (A	Any one p	erson)	\$	10,000	
							PERSONAL	& ADV II	NJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL A	GGREG	ATE	\$	4,000,000	
X POLICY PRO- JECT LOC							PRODUCTS	- COMP	OP AGG	\$ \$	4,000,000	
							COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000		
ANY AUTO		7012593542			1/1/2023	1/1/2024	BODILY INJURY (Per person) \$		\$			
OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) \$			\$		
							PROPERTY DAMAGE (Per accident) \$					
										\$		
B X UMBRELLA LIAB X OCCUR						1/1/2024	EACH OCCURRENCE			\$	4,000,000	
EXCESS LIAB CLAIMS-MADE	:		7012593573		1/1/2023		AGGREGATE \$				4,000,000	
DED X RETENTION \$ 10,000	Ĵ									\$		
WORKERS COMPENSATION							PER STATL		OTH- ER	Ť		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH A			\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEAS					
B PROF/E&O/CYBER			652299946		1/1/2023	1/1/2024	Occurren				3,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)					

CERTIFICATE HOLDER

Humboldt County Probation Department

2002 Harrison Ave. Eureka, CA 95501 CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Map

ACORD 25 (2016/03)

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