

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A	MAT	ER (OF INFORMATION ONLY		CONFERS N		UPON THE CERTIFICAT		4/2024 .DER. THIS	
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										
If SUBROGATION IS WAIVED, subject this certificate does not confer rights to							require an endorsement	. A st	atement on	
PRODUCER	••			CONTAC NAME:		,. Vallace				
NonProfits' United Workers' Compensation Group				PHONE (A/C, No, Ext): (916) 868-6226 [A/C, No):						
610 Fulton Avenue, Suite 200				E-MAIL ADDRESs: Bree@nonprofitsunited.com						
Sacramento, CA 95825				INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #		
				INSURER A : NonProfits' United Workers' Compensation Group						
INSURED				INSURER B: Safety National Casualty Corporation				15105		
Redwood Community Services, Inc.				INSURER C :						
Redwood Community Services PO Box 2077 (mailing) 631 S Orchard Avenue				INSURER D :						
Ukiah, CA95482					INSURER E :					
,					INSURER F : REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO			HE POL	ICY 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	s		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$ \$		
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	э \$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
A WORKERS COMPENSATION			NPU-WCG 002-2024		1/1/2024	1/1/2025	X PER OTH- STATUTE ER			
	N/A	Y					E.L. EACH ACCIDENT	\$ 750,0	00	
OFFICER/MEMBER EXCLUDED?	NU.A						E.L. DISEASE - EA EMPLOYEE	\$ 750,0	00	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 750,0		
B XSWC			SP4067530		1/1/2024	1/1/2025	XS of \$750,000 XS of \$750,000		0,000 (EL) ory (WC)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE Waiver of Subrogation in favor of County of				Schedul	e, may be attac	hed if more spa	ace is required)			
			u							
CERTIFICATE HOLDER				CANCELLATION						
County of Humboldt Department of Health and Human Services attn: Children & Family Svcs - Mental Health				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
									2440 - Sixth St.	
Eureka, CA 95501					Jupping N Cm' -					
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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

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THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE PLEASE READ IT CAREFULLY <u>WAIVER OF TRANSFER OF RIGHTS OF</u> RECOVERY AGAINST OTHERS TO US

NonProfits' United Workers' Compensation Group Memorandum of Coverage: NPU-WCG 002-2024

This endorsement modifies the coverage provided under the following:

Momorandum of Coverage: PART ONE: WORKERS' COMPENSATION

COVERAGE Paragraph H. RECOVERY FROM OTHERS is amended with respect to the following: Name and Address of Person or Organization:

County of Humboldt 2440 - Sixth St. Eureka, CA 95501

DESCRIPTION OF OPERATIONS/LOCATIONS ADDED BY ENDORSEMENT: County of Humboldt

NPU-WCG waives any right of recovery it may have against the person or organization shown above because of payments made by NPU-WCG for injury or damage arising out of the Members' operations done under a contract with that person or organization shown above and included in the coverage provided by the Memorandum of Coverage. This waiver applies only to the person or organization shown on the Schedule Above.

This endorsement is part of the Memorandum of Coverage and is effective on the date shown below. All other terms and conditions remain unchanged.

Effective Date	January 1, 2024	Expiration Date:	January 1, 2025
Member	Redwood Community Services, Inc.		
Endorsement No:	NPUWCG-RWCS-1	Date Issued:	Jan 4, 2024

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Authorized Representative for NPU-WCG