

DMOTT1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/11/2023

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.

	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su																				
PRODUCER George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402						CONTACT NAME: PHONE (707) 440 2074 FAX (707) 440 7004																		
						(A/C, No, Ext): (707) 442-2971 (A/C, No): (707) 442-7281																		
						E-MAIL ADDRESS: info@gpins.com																		
							•	RDING COVERAGE			NAIC #													
			INSURER A : AMCO Insurance Company					19100																
INSURED						INSURER B : State Compensation Insurance Fund					35076													
Humboldt Partners						INSURER C:																		
	P.O. Box 430 Bayside, CA 95524-0430				INSURE	RD:																		
					INSURER E:																			
						INSURER F:																		
				E NUMBER:	LIAVE DE	- FALIOOUED 3		REVISION NUM		UE D	01.107/ DEDIOD													
	HIS IS TO CERTIFY THAT THE POLICIENTICATED. NOTWITHSTANDING ANY R																							
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	IES DESCRIB	ED HEREIN IS SU																
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR WVD		BEEN K	POLICY FFF	POLICY EXP																	
A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		2,000,000													
^	CLAIMS-MADE X OCCUR	Х		ACP7881719535		40/4E/0000	40/45/0000	DAMAGE TO RENTE PREMISES (Ea occur	E D	\$	300,000													
	CLAIWS-WADE A OCCUR			ACF7001719555		12/15/2022	12/15/2023	,	· 1	\$	5,000													
								MED EXP (Any one p		\$	2,000,000													
								PERSONAL & ADV IN		\$	4.000.000													
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREGA		\$	4,000,000													
								PRODUCTS - COMP/		\$	Included													
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ \$														
	ANY AUTO							(Ea accident) BODILY INJURY (Per	r poreon)	\$ \$														
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per		\$														
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$														
	AUTOS ONLY AUTOS ONLY							(i ei accident)		\$														
A	X UMBRELLA LIAB X OCCUR							EACH OCCURRENC	F	\$	3,000,000													
	EXCESS LIAB CLAIMS-MADE			ACP7881719535		12/15/2022	12/15/2023	AGGREGATE	_	\$	3,000,000													
	DED X RETENTION \$ 0									\$														
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER															
	ANY PROPRIETOR/PARTNER/EXECUTIVE		X	1676774-23		4/1/2023	4/1/2024	E.L. EACH ACCIDEN		\$	1,000,000													
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000													
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	1,000,000													
					T				Ţ															
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 2420, 2430, 2440 & 2426 6th Street, Eur	LES (A	ACORI	0 101, Additional Remarks Schedu	ile, may be	attached if mor	e space is requir	red)																
	nty of Humboldt is named as Additional						11 14; attach	ed. Waiver of Su	brogatio	n ap	plies to													
Wor	kers' Compensation as per form 2570, t	o foll	ow.						_															
CERTIFICATE HOLDER						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN																		
													County of Humboldt 1106 2nd Street				ACC	ACCORDANCE WITH THE POLICY PROVISIONS.						
													Eureka, CA 95501				ALITHOPIZED PEPPESENTATIVE							
						/// FII NEDDECE	NII A LIVE																	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

A. The following is added to Section II. WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, 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 in connection with your premises owned by or rented to you.

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

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.

- C. This insurance, including any duty we have to defend "suits", does not apply to:
 - 1. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
 - "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

COUNTY OF HUMBOLDT REAL PROPERTY DIVISION 1106 2ND ST EUREKA CA 95501