

**SEVENTH AMENDMENT
SOLID WASTE COLLECTION FRANCHISE AGREEMENT
FOR THE NORTHWESTERN AREA OF HUMBOLDT COUNTY**

This Seventh Amendment to the Solid Waste Collection Franchise Agreement dated December 13, 2011, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Humboldt Sanitation Company, Inc., a California corporation, hereinafter referred to as "CONTRACTOR," shall be effective as of July 1, 2016.

RECITALS

WHEREAS, on December 13, 2011, COUNTY and CONTRACTOR entered into a Solid Waste Collection Franchise Agreement ("Franchise Agreement") for the handling and disposal of solid waste in the northwestern area of Humboldt County for the period of January 1, 2012 to December 31, 2031; and

WHEREAS, the Franchise Agreement and State law allow for the adjustment of rates charged by CONTRACTOR for the handling of solid waste and provision of curbside recycling services pursuant to said Franchise Agreement, as well as annual index-based adjustments, changes in the franchise fee and/or the recycling percentage and changes in disposal and/or processing costs; and

WHEREAS, the parties desire to amend the Franchise Agreement in order to adjust the rates charged by CONTRACTOR and modify the Quarterly and Annual Franchise Report Forms, which are currently attached to the Franchise Agreement as Exhibit A, to include data required of all California jurisdictions by CalRecycle.

NOW THEREFORE, the parties mutually agree as follows:

1. The rates which may be charged by CONTRACTOR pursuant to Section 14(B)(iv) of the Franchise Agreement shall be as shown in the modified version of Exhibit B – Northwest Humboldt Area Franchise Rates, which is attached hereto and incorporated herein by reference. Such rates shall supersede and replace all prior rates set forth in the Franchise Agreement, and all previous amendments thereto, as of the effective date of this Seventh Amendment.
2. The Franchise Agreement is hereby amended to delete Exhibit A – Solid Waste Collection Quarterly and Annual Franchise Reports referenced in Section 4(B)(ii) and replace it in its entirety with the revised Solid Waste Collection Quarterly and Annual Franchise Reports that are attached hereto as Exhibits A-1 and A-2 and incorporated herein by reference. The modified versions of the Solid Waste Collection Quarterly and Annual Franchise Reports attached hereto shall supersede any and all prior versions thereof as of the effective date of this Seventh Amendment.
3. Except as modified herein, the Franchise Agreement dated December 13, 2011, as previously amended, shall remain in full force and effect. In the event of a conflict between the provisions of this Seventh Amendment and the original Franchise Agreement, or any prior amendments thereto, the provisions of this Seventh Amendment shall govern.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties hereto have entered into this Seventh Amendment as of the dates indicated below.

TWO SIGNATURES ARE REQUIRED FOR CORPORATIONS:

(1) CHAIRPERSON OF THE BOARD, PRESIDENT, OR VICE PRESIDENT; AND

(2) SECRETARY, ASSISTANT SECRETARY, CHIEF FINANCIAL OFFICER OR TREASURER.

HUMBOLDT SANITATION COMPANY, INC.:

By: Gregory D. Cain, Pres
Gregory D. Cain, President

Date: 5-31-16

By: Christine A. Cain, CFO
Christine A. Cain, CFO

Date: 5-31-16

COUNTY OF HUMBOLDT:

By: Mark Lovelace
Mark Lovelace
Chair, Board of Supervisors

Date: 6/21/16

INSURANCE CERTIFICATES APPROVED:

By: R. Vignaudis
Risk Management

Date: 6/9/16

**COUNTY OF HUMBOLDT
SOLID WASTE COLLECTION ANNUAL FRANCHISE REPORT**

Exhibit A

Calendar Year (YYYY) _____

(Due April 1 following Calendar Year)

CONTRACTOR INFORMATION

Franchise Area _____
 Company Name _____
 Address _____
 City, State, Zip Code _____
 Contact Name _____
 Phone Number _____
 Fax Number _____
 E-mail Address _____

FRANCHISE TONNAGE

	Residential	Commercial	Total	Destination Facilities
Solid Waste				
Recycling & OCC				
C&D Recycling				
Green Waste				
E-waste				
White Goods				
Foodwaste				
Sludge				
Ash				

SELF-HAULED TONNAGE TO CONTRACTOR'S SEPARATE FACILITY

	Total	Destination	How is it processed?
Solid Waste			
CRV			
C&D Recycling			
Green Waste			
e-waste			
used oil			
oil filters			
Non-CRV mixed recyclables			
OCC			
White Goods			
Other Metals			
Carpet			
Mattresses			

Add additional diverted materials and tonnages on separate sheets.

NUMBER OF FRANCHISE ACCOUNTS SERVED - SOLID WASTE

Can: Residential/Comm: Monthly Service	Large Container: Monthly Service
20 Gallon	1 CY
30 Gallon	1.5 CY

32 Gallon
 40 Gallon
 45 Gallon
 48 Gallon
 55 Gallon
 60 Gallon
 64 Gallon
 90 Gallon
 93 Gallon
 96 Gallon
 Occasional 30-Gallon
 Prepaid bags
 "Blue-Bag"

2 CY
 2.5 CY
 3 CY
 4 CY
 5 CY
 6 CY
 7 CY
 8 CY
 10 CY
 14 CY
 15 CY
 18 CY
 20 CY

Large Container: Monthly Service

30 CY
 40 CY

Large Container: On-call Pick Up

1 CY
 1.5 CY
 2 CY
 2.5 CY
 3 CY
 4 CY
 5 CY
 6 CY
 7 CY
 8 CY
 10 CY
 14 CY
 15 CY
 18 CY
 20 CY
 30 CY
 40 CY

Large Container: On-call Pick-Up

5 YD
 14 YD Covered
 14 YD Uncovered
 18 YD Covered
 18 YD Uncovered
 20 YD
 40 YD Uncovered

NUMBER OF FRANCHISE ACCOUNTS SERVED - RECYCLING

Residential Commercial

Mixed Recycling
 Cardboard Only

	# Commercial Solid Waste Accounts (4+ cu yds/wk)
	# of above Commercial Solid Waste Accounts (4+ cu yds/wk) with Curbside Recycling Service
	# Multi-Family Solid Waste Accounts (5+ units)
	# of above Multi-Family Solid Waste Accounts (5+ units) with Curbside Recycling Service

NUMBER OF FRANCHISE ACCOUNTS SERVED - *Organics

Residential Commercial

*AB1826 organic waste types: foodwaste, greenwaste, landscape & pruning waste, non-hazardous wood waste &

Food waste w/soiled paper
 Green/yard/prune waste
 Non-haz wood waste
 Total

food soiled paper mixed with foodwaste

	# Commercial Solid Waste Accounts (generating 8+ cu yds/wk of organics) in effect(April 1 2016)
	# Commercial Solid Waste Accounts (generating 4+ cu yds/wk of organics) in effect (January 1 2017)
	# of above Commercial Solid Waste Accounts (8+ cu yds/wk) with Organics Recycling Service
	# Multi-Family Solid Waste Accounts (5+ units)
	# of above Multi-Family Solid Waste Accounts (5+ units) with Organics Recycling Service

How many times have you provided info about AB 341 to applicable customers?

If applicable, please describe, or attach copy of info provided.

How many times have you provided info about AB 1826 to applicable customers?

If applicable, please describe, or attach copy of info provided.

NUMBER OF FRANCHISE ACCOUNTS SERVED - GREEN WASTE

	Residential	Commercial
Green Waste		
Rate?		

DIVERSION PROGRAMS

Describe any new waste diversion programs begun in the past year:

Describe any waste diversion programs discontinued in the past year:

Describe any economic incentives for diversion programs:

Large=over 2,000 people

Large Events Served:

Materials Collected

CRV

Non-CRV

OCC

Compostables

Total

Tons	Tons	Tons	Tons	Tons

Add additional sheets as necessary

	Y/N: Recycling Bundled with Solid Waste Fee?
	Y/N: Recycling Fee Separate from Solid Waste Fee?
	Y/N: Bulky Item Pick Up Service?

GROSS FRANCHISE RECEIPTS - SOLID WASTE

Can: Res & Comm.	Monthly
20 Gallon	
30 Gallon	
32 Gallon	
40 Gallon	
45 Gallon	
48 Gallon	
55 Gallon	
60 Gallon	
64 Gallon	
90 Gallon	
93 Gallon	
96 Gallon	
Occasional 30-Gallon	
Prepaid bags	
"Blue-Bag"	
Total	

Large Container:	Monthly
1 CY	
1.5 CY	
2 CY	
2.5 CY	
3 CY	
4 CY	
5 CY	
6 CY	
7 CY	
8 CY	
10 CY	
14 CY	
15 CY	
18 CY	
20 CY	
30 CY	
40 CY	

Total

Large Container:	Pick-up
1 CY	
1.5 CY	
2 CY	
2.5 CY	
3 CY	
4 CY	
5 CY	
6 CY	
7 CY	
8 CY	
10 CY	
14 CY	
15 CY	
18 CY	
20 CY	
30 CY	
40 CY	
Total	

Large Container:	Pick-up
5 YD	
14 YD Covered	
14 YD Uncovered	
18 YD Covered	
18 YD Uncovered	
20 YD	
40 YD Uncovered	
Total	

SUMMARY OF SERVICE COMPLAINTS

Type of Complaint:	Total
Missed Pick-up	
Excessive Noise	
Spilled Garbage	

Other (describe):

NARRATIVE SUMMARY OF PROBLEMS

(Describe problems encountered and actions taken with recommendations for County, as appropriate)

SUMMARY OF HAZARDOUS WASTE TRAINING

Course Title	Number of Employees Trained	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF NON-COLLECTION TAGS ISSUED

(Provide number of tags issued by reason for each quarter)

	Total
Hazardous Waste	
Improper Location	
Other (describe):	

COLLECTION VEHICLE LOCATION

(Provide address of each terminal that houses collection vehicles serving the County franchise area)

Address _____
 City, State, Zip Code _____

Address _____
City, State, Zip Code _____

Address _____
City, State, Zip Code _____

Address _____
City, State, Zip Code _____

ADDITIONAL INFORMATION:

The undersigned, under penalty of perjury, states that the information listed on the above Annual Franchise Report are true and correct.

The undersigned, under penalty of perjury, also states that all tonnages collected and accepted are reported here, that they are reported to receiving landfills, by jurisdiction of origin, and that they are reported to HWMA for use in disposal reporting on behalf of Humboldt County

Name of Preparer and Date

Signature

Form Revised/Effective 7/1/16

**COUNTY OF HUMBOLDT
SOLID WASTE COLLECTION QUARTERLY FRANCHISE REPORT**

Exhibit A

Quarter _____
(Due by the 15th day of the second month following the end of each calendar quarter.)

COUNTY OF HUMBOLDT

QUARTERLY FRANCHISE REPORT

Franchise Area _____
 Company Name _____
 Address _____
 City, State, Zip Code _____
 Contact Name _____
 Phone Number _____
 Fax Number _____
 E-mail Address _____

FRANCHISE TONS COLLECTED

Franchise Area (Location)			
Solid Waste			
Ash			
E-waste			
Food Waste			
Greenwaste			
Mixed Recyclables			
OCC			
Sludge			
Wood Waste			
Total			

Add additional pages as necessary to report all collected materials that are not landfilled

PUBLIC SELF-HAUL TONS ACCEPTED AT CONTRACTOR'S FACILITY OR SEPARATE FACILITY

Location/s >>>>>>>>>>			
Solid Waste			
Facility			
SWIS			
Ash			
CRV			
E-waste			
Food Waste			
Greenwaste			
Mixed Recyclables			
OCC			
Sludge			
Wood Waste			

Total

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Add additional pages as necessary to report all accepted materials that are not landfilled.

Do you provide info about AB 341 to applicable customers?

If applicable, please describe, or attach copy of info provided.

Do you provide info about AB 1826 to applicable customers?

If applicable, please describe, or attach copy of info provided.

ADDITIONAL INFORMATION:

The undersigned, under penalty of perjury, states that the information listed on the above
Quarterly Franchise Report and gross receipts reported on a monthly basis are true and correct.

The undersigned, under penalty of perjury, also states that all tonnages collected and accepted are reported here, that they are reported to receiving landfills, by jurisdiction of origin, and that they are reported to HWMA for use in disposal reporting on behalf of Humboldt County.

Name of Preparer and Date

Signature

EXHIBIT B: NORTHWEST HUMBOLDT AREA FRANCHISE RATES
EFFECTIVE July 1, 2016

Blended Rate \$ 128.24

1	2	3	4	5	6	7	8	9	10	11
Type of Service	Current Base	Automation	Disposal \$	Sub-Total 128.24	Franchise Fee	Sub total	Recycling	Total Rate	Frequency of Service	Rounded to 5¢

TABLE 1 CAN RATES - RESIDENTIAL and COMMERCIAL

20 Gallon Can	\$15.45	\$1.42	\$5.56	\$22.43	\$2.22	\$24.65	\$1.27	\$25.93	Weekly	\$ 25.95
30 Gallon Can	\$16.50	\$0.00	\$8.34	\$24.84	\$2.46	\$27.29	\$0.00	\$27.29	Weekly	\$ 27.30
35 Gallon Can	\$16.52	\$1.54	\$9.72	\$27.78	\$2.75	\$30.53	\$1.38	\$31.91	Weekly	\$ 31.90
45 Gallon Can	\$22.76	\$0.00	\$12.50	\$35.26	\$3.49	\$38.75	\$0.00	\$38.75	Weekly	\$ 38.75
65 Gallon Can	\$31.10	\$2.90	\$18.06	\$52.06	\$5.15	\$57.20	\$2.60	\$59.80	Weekly	\$ 59.80
95 Gallon Can	\$33.07	\$3.09	\$26.40	\$62.55	\$6.18	\$68.74	\$2.76	\$71.50	Weekly	\$ 71.50

TABLE 2 LARGE CONTAINERS

			Monthly service								
1.0 CY	82.71	9.37	56.13	148.21	14.92	163.13	11.28	174.41	ONCE PER WEEK		\$ 174.40
	19.09	2.14	12.95	34.17	3.38	37.55	1.91	39.47	EACH ADDITIONAL, per		\$ 39.45
1.5 CY	\$113.46	\$0.58	\$84.19	\$208.23	\$20.59	\$228.81	\$9.47	\$238.28	ONCE PER WEEK		\$ 238.30
	\$26.27	\$2.50	\$19.43	\$48.21	\$4.77	\$52.97	\$2.24	\$55.21	EACH ADDITIONAL, per		\$ 55.20
2.0 CY	\$151.25	\$14.10	\$112.25	\$277.60	\$27.45	\$305.05	\$12.63	\$317.68	ONCE PER WEEK		\$ 317.70
	\$35.03	\$3.34	\$25.90	\$64.27	\$6.36	\$70.63	\$2.99	\$73.62	EACH ADDITIONAL, per		\$ 73.60
3.0 CY	\$226.89	\$21.15	\$168.38	\$416.42	\$41.17	\$457.59	\$18.94	\$476.53	ONCE PER WEEK		\$ 476.55
	\$52.57	\$5.09	\$38.86	\$96.51	\$9.54	\$106.05	\$4.48	\$110.53	EACH ADDITIONAL, per		\$ 110.55
4 YD	\$302.76	\$26.44	\$224.51	\$553.70	\$54.75	\$608.45	\$23.68	\$632.13	ONCE PER WEEK		\$ 632.15
	\$69.93	\$6.66	\$51.81	\$128.40	\$12.70	\$141.10	\$7.68	\$148.78	EACH ADDITIONAL, per		\$ 148.80

LARGE CONTAINERS

Per Pick up rates for one container

5 YD	\$130.11	\$12.12	\$64.76	\$207.00	\$20.47	\$227.46	\$10.86	\$238.32	3 DAY RENTAL		\$ 238.30
14 YD	\$213.60	\$19.91	\$181.33	\$414.84	\$41.02	\$455.86	\$20.10	\$475.96	3 DAY RENTAL		\$ 475.95
18 YD	\$237.82	\$22.17	\$233.14	\$493.13	\$48.76	\$541.89	\$19.86	\$561.75	3 DAY RENTAL		\$ 561.75
20 YD	\$253.36	\$23.62	\$259.04	\$536.02	\$53.00	\$589.02	\$21.15	\$610.17	3 DAY RENTAL		\$ 610.15
40 YD	\$498.25	\$46.45	\$518.09	\$1,062.78	\$105.08	\$1,167.87	\$41.59	\$1,209.46	3 DAY RENTAL		\$ 1,209.45
Bin Cover for 1.5 YD	\$16.35	\$0.00	\$0.00	\$16.35	\$1.62	\$17.97	\$0.00	\$17.97	OVERWEIGHT BINS 1.5 yd bin		\$ 17.95

TABLE 3 CONTAINER RENTAL RATES

	Current Year Base Rate			
	Monthly	Rounded to 5¢	Daily	Rounded to 5¢
Bin Cover for 20 or 40 YD	\$72.74	\$72.75	\$19.38	\$19.40

TABLE 4 CHARGES FOR SPECIAL SERVICES

	Current	Rounded to 5¢
PER HOUR FOR ONE (1) MAN AND ONE (1) TRUCK:	\$ 78.86	\$78.85
PER CUBIC YARD PICKUP:	\$ 38.19	\$38.20

1.5 Cubic Yard Container occasional use

CHARGE

	Prior	Current	Rounded to 5¢
NA		\$65.73	TO DELIVER TO SITE, PLUS
NA		\$55.91	PER EMPTY
NA		\$121.64	\$121.65

TABLE 5

CURBSIDE RECYCLING \$4.00 per month
Once every two weeks



MAR 21 2016 MBSAN-01

DWATTS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2016

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 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).

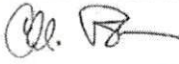
PRODUCER George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402	CONTACT NAME:	
	PHONE (A/C, No, Ext): (707) 525-4150	FAX (A/C, No): (707) 525-4175
E-MAIL ADDRESS: info@gpins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Financial Pacific Insurance Co		31453
INSURED Humboldt Sanitation Co, Inc. dba Humboldt Recycling, LLC P.O. Box 2812 Mc Kinleyville, CA 95519-2812	INSURER B:	
	INSURER C:	
	INSURER D:	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		60443997	03/18/2016	03/18/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		60443997	03/18/2016	03/18/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X		60443997	03/18/2016	03/18/2017	EACH OCCURRENCE	\$ 2,000,000
	DED RETENTION \$						AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			PER STATUTE OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All operations performed by the named insured on behalf of the certificate holder.
The County, its officers, employees and agents are included as additional insured under general & auto liability per endorsements CG 20 10R 12 11 including primary wording & FPIC0200 (12-11) attached. Severability of Interest applies. Per Project Aggregate applies per form CG 25 05 03 09 attached.

CERTIFICATE HOLDER Humboldt County Department of Public Works Attn: Tom Mattson 1106 Second Street 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 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS
(WITH LIMITED COMPLETED OPERATIONS COVERAGE)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

NAME OF PERSON OR ORGANIZATION

Any person or organization to whom or to which the named insured is obligated by a virtue of a written contract to provide insurance that is afforded by this policy. Where required by contract, the officers, officials, employees, directors, subsidiaries, partners, successors, parents, divisions, architects, surveyors and engineers are included as additional insureds. All other entities, including but not limited to agents, volunteers, servants, members and partnerships are included as additional insureds, if required by contract, only when acting within the course and scope of their duties controlled and supervised by the primary (first) additional insured. If an Owner Controlled Insurance Program is involved, the coverage applies to off-site operations only. If the purpose of this endorsement is for bid purposes only, then no coverage applies.

WHO IS AN INSURED: (Section II)

This section is amended to include as an insured the person or organization within the scope of the qualifying language above, but only to the extent that the person or organization is held liable for your acts or omissions in the course of "your work" for that person or organization by or for you. The "products-completed operations hazard" portion of the policy coverage as respects the additional insured does not apply to any work involving or related to properties intended for residential or habitational occupancy (other than apartments). This clause does not affect the "products-completed operations" coverage provided to the named insured(s).

WAIVER OF SUBROGATION:

We waive any right of recovery, when required by written contract, that we may have against the person or organization within the scope of

the qualifying language above because of payments we make for injury.

LOCATION OF JOB:

The job location must be within the State of domicile of the named insured, or within any contiguous State thereto.

DESCRIPTION OF WORK:

The type of work performed must be that as described under classifications in the CGL Coverage Part Declarations.

PRIMARY CLAUSE:

When this endorsement applies and when required by written contract, such insurance as is afforded by the general liability policy is primary insurance and other insurance shall be excess and shall not contribute to the insurance afforded by this endorsement.

EXCLUSION

This insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering or failure to render any professional services, including:

1. The preparing, approving, or failing to prepare or approve, maps, designs, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
2. Supervisory, inspection, architectural or engineering activities.

Endorsement EFFECTIVE DATE: SEE DEC

Endorsement EXPIRATION DATE: SEE DEC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

BUSINESS AUTO ELITE COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

PREMIUM 425

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

SECTION II – LIABILITY COVERAGE – Amendments

WHO IS AN INSURED

The following are added to WHO IS AN INSURED:

BLANKET ADDITIONAL INSUREDS

Any person or organization with whom you agreed, pursuant to a written contract, to provide insurance such as is afforded under this Coverage Part, but only to the extent that the person or organization is held liable for your acts or omissions with respect to your ownership, maintenance or use of a covered "auto." This provision only applies if the written contract has been executed prior to the "bodily injury" or "property damage."

This coverage shall be primary and not contributory with respect to the person or organization included as an "insured" under this section. Any other insurance that person or organization has shall be excess and not contributory with respect to this insurance, but this provision only applies if it is required in the written contract, identified in this section, and is permitted by law.

BROAD FORM NAMED INSURED

Any business entity newly acquired or formed by you, other than a partnership, joint venture or limited liability company during the policy period provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following acquisition or formation of the business entity.

EMPLOYEES AS INSURED – HIRED AUTOS

Any "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business.

EMPLOYEES AS INSURED – NONOWNED AUTOS

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business.

COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

Supplementary Payments is amended as follows:

We will pay up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

We will pay all reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$300 a day, because of time off from work.

SECTION III - PHYSICAL DAMAGE COVERAGE - Amendments

AUDIO, VISUAL, AND DATA ELECTRONIC EQUIPMENT COVERAGE EXTENSION

Any reference to equipment for the reproduction of sound also includes video and global positioning systems.

EXPANDED TOWING COVERAGE

In addition to the towing and labor limit shown in the Declarations for private passenger type "autos," we will pay up to \$75 for towing and labor costs incurred each time the covered "auto" is disabled. However, the labor must be performed at the place of disablement.

This coverage applies only to an "auto" covered on this policy for other physical damage coverage.

EXPANDED TRANSPORTATION EXPENSE

Coverage Extensions – Transportation Expenses is deleted and replaced by the following:

We will pay up to \$60 per day to a maximum of \$1,800 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after



the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

EXTRA EXPENSE – STOLEN AUTOS

We will pay up to \$1,000 for the expense of returning a stolen covered "auto" to you. We will pay only for those covered "autos" for which you carry Comprehensive or Specified Causes of Loss Coverage.

HIRED CAR PHYSICAL DAMAGE COVERAGE

For purposes of this section, the term "auto" is redefined to mean a land motor vehicle, "trailer" or semitrailer with a gross vehicle weight under 20,000 pounds designed for travel on public roads, but does not include "mobile equipment."

If Comprehensive, Specified Causes of Loss or Collision coverage is provided to all owned autos by this policy, you may extend that coverage to apply to Physical Damage "loss" to hired "autos." We will provide coverage equal to the minimum coverage available to any covered "auto" shown in the Declarations. But, the most we will pay for "loss" to a hired "auto" in any one "accident" is the lesser of:

1. \$50,000; or
2. The actual cash value of the damaged or stolen property as of the time of the "loss;" or
3. The actual cost of repairing or replacing the damaged or stolen property with other property of like kind or quality. A part is of like kind and quality when it is of equal or better condition than the pre-accident part. We will use the original equipment from the manufacturer when:
 - a) The operational safety of the vehicle might otherwise be impaired;
 - b) Reasonable and diligent efforts to locate the appropriate rebuilt, aftermarket or used part have been unsuccessful;
 - c) A new original equipment part of like kind and quality is available and will result in the lowest overall repair cost;
 - d) For vehicles insured under policies written on or before December 31, 2003, the vehicle has been used no more than 15,000 miles unless the pre-accident condition warrants otherwise; or
 - e) For vehicles insured under policies written on or after January 1, 2004, the vehicle has been used no more than 20,000 miles unless the pre-accident condition warrants otherwise.

For each hired "auto" our obligation to pay "loss" will be reduced by a deductible equal to the highest deductible applicable to any owned "auto" for that coverage. No deductible will be applied to "loss" caused by fire or lightning. We will also pay up to \$500 per "accident" for loss of use of the hired "auto" if it results from an "accident" for which you are legally liable. The lessor must suffer an actual financial "loss" for this coverage to apply.

Hired Car Physical Damage Coverage provided by this extension is excess over any other collectible insurance.

LOAN/LEASE GAP COVERAGE

For purposes of this section, the term "auto" is redefined to mean a land motor vehicle, "trailer" or semitrailer with a gross vehicle weight under 20,000 pounds designed for travel on public roads, but does not include "mobile equipment."

If a long-term leased or financed "auto" is a covered "auto" for the Physical Damage Coverage applicable to a total "loss," and the lessor or financial institution is an additional insured under this Coverage Part, we will pay up to a maximum of \$15,000 the difference between amounts you owe the lessor or financial institution under the lease or loan terms and the amount of insurance paid the lessor or financial institution for the total "loss" of the covered "auto" minus: any payments overdue at the time of the loss; any financial penalties imposed due to wear and tear, high mileage or similar charges; any security deposits not refunded by the lessor or financial institution; any costs for credit life, health and accident, or disability insurance; any costs for extended warranties; or any carry-over balances from previous leases or loans. You are responsible for the deductible applicable to the "loss" for the covered "auto". This coverage is excess insurance over any other collectible insurance or lease provision.

PERSONAL EFFECTS COVERAGE

We will pay up to \$400 for "loss" to wearing apparel and other personal effects, which are:

1. Owned by an "insured;" and
2. In or on your covered "auto;" in the event of a total theft "loss" of your covered "auto."

No deductibles apply to Personal Effects Coverage.

RENTAL REIMBURSEMENT COVERAGE

1. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductibles apply to Rental Reimbursement Coverage.

2. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - a) The number of days reasonably required to repair or replace the covered "auto." If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.
 - b) The number of days shown in the Schedule.
3. This coverage applies only to a covered "auto" for which there is Comprehensive, Specified Causes of Loss or Collision Coverage provided on this covered "auto." If there is no Collision Coverage for a covered "auto," then Rental Reimbursement Coverage will not apply to a Collision loss involving that covered "auto."
4. Our payment is limited to the lesser of the following amounts:
 - a) Necessary and actual expenses incurred.
 - b) \$75 for any one day or for a maximum of 30 days.
5. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
6. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Coverage Extension.
7. Coverage does not apply to any covered "auto" for which coverage is provided by endorsement form CA 9923 on this policy.

WAIVER OF DEDUCTIBLE – GLASS

Deductible is amended by adding the following:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

SECTION IV – BUSINESS AUTO CONDITIONS – Amendments

LOSS CONDITIONS

KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS

The requirements for reporting and sending claim or "suit" information to us, including provisions related to the

subsequent investigation of such claims or "suits", under DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS, do not apply until the "accident" or "loss" is known to:

1. You, if you are an individual;
2. A partner, if you are a partnership;
3. An executive officer or insurance manager, if you are a corporation;
4. Your members, managers or insurance manager, if you are a limited liability company;
5. Your elected or appointed officials, trustees, board members, or your insurance manager, if you are an organization other than a partnership, joint venture, or limited liability company.

But, this section does not amend the provisions relating to notification of police, protection or examination of the property, which was subject to the "loss."

BLANKET WAIVER OF SUBROGATION

Transfer Of Rights Of Recovery Against Others To Us is deleted and replaced by the following:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident" or "loss," provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

GENERAL CONDITIONS

UNINTENTIONAL ERRORS OR OMISSIONS

Concealment, Misrepresentation Or Fraud is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

SECTION V – DEFINITIONS - Amendment

MENTAL ANGUISH

The definition of "bodily injury" is amended to include mental anguish resulting from any "bodily injury," sickness or disease sustained by a person.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Project(s):

Work performed in the state of California

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

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
 - 1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 - 2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage A, except damages because of "bodily injury " or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage C regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
 - 3. Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
 - 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.

- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-completed Operations Aggregate Limit, whichever is applicable; and
 2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.
- E. The provisions of Section III – Limits Of Insurance not otherwise modified by this endorsement shall continue to apply as stipulated.



CERTIFICATE OF LIABILITY INSURANCE

HUMBO-1 OP ID: JO

DATE (MM/DD/YYYY)

06/10/2015

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 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 Mark Davis Insurance Agency 520 S. State Street Ukiah, CA 95482	CONTACT NAME: Dave Garzoli
	PHONE (A/C, No, Ext): 707-462-9725 FAX (A/C, No): 707-462-8932
	E-MAIL ADDRESS: david.garzoli@gmail.com
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A : American Safety Indemnity Co 25433
INSURED Humboldt Sanitation 2585 Central Ave McKinleyville, CA 95519	INSURER B :
	INSURER C :
	INSURER D :
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EIL031912	06/29/2014	06/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

Humboldt County Department of Public Works Attn: Joseilyn Gilbaugh 1108 Second 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.
	AUTHORIZED REPRESENTATIVE <i>Jessica McCulloch</i>

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JOHNMOB-01

DWATTS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2015

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 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 George Petersen Insurance Agency, Inc. P.O. Box 3539 Santa Rosa, CA 95402	CONTACT NAME: PHONE (A/C, No, Ext): (707) 525-4150		FAX (A/C, No): (707) 525-4175
	E-MAIL ADDRESS: info@gpins.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : State Compensation Insurance Fund			35076
INSURED Johnson's Mobile Rentals, LLC Humboldt Recycling LLC, Humboldt Sanitation Co., Inc. P.O. Box 2812 McKinleyville, CA 95519-2812	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER: 1**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9074583-15	10/01/2015	10/01/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

Proof of Coverage

CERTIFICATE HOLDER**CANCELLATION**

Humboldt County Department of Public Works
 1106 Second 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.

AUTHORIZED REPRESENTATIVE

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