

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2023

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.

							and conditions of the pocate holder in lieu of such			may require	an endorsement. A state	ement (on	
PRODUCER									CONTACT Elaine Page					
HARBERS INSURANCE AGENCY									PHONE (707) 725-3316 FAX (A/C, No, Ext): (707) 725-9849					
210 12th Street									(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: elaine@harbersins.com					
								INSURER(S) AFFORDING COVERAGE				NAIC#		
Fortuna CA 95540								INSURER A: Nonprofits' Insurance Alliance				11476		
INSU	KED	Wild Co.	ıla Da	an ah				INSURER B:						
		Wild Sou		Inch				INSURER C:						
		PO Box	390						INSURER D:					
Eureka							CA 95502	INSURER E : INSURER F :						
COVERAGES CER				CER	TIFIC	ATE I	NUMBER: CL231100704							
IN CI EX	DICA ERTIF	TED. NOTWITH	ISTAN ISSUI	IDING ANY REQUI ED OR MAY PERTA	REME AIN, TH OLICIES	NT, TE HE INS S. LIM	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY BURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT \ DHEREIN IS S AIMS.	WITH RESPECT TO WHICH T	HIS		
insr Ltr		TYPE OF	INSUF	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
-	×	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	φ . E00	0,000		
		CLAIMS-MA	DE L	OCCUR		Y				11/04/2023	PREMISES (Ea occurrence)	\$ 20,0		
Α		-			Y		2022-45828		11/04/2022		MED EXP (Any one person)	1 000 000		
		J			'				1.70 .72022		PERSONAL & ADV INJURY	\$ 2,000,000		
	X	POLICY POLICY	RO-	LOC							PRODUCTS - COMP/OP AGG	φ .	0,000	
		OTHER:	ECT								Social Service Prof Liab	\$ 1,00		
	AUT	OMOBILE LIABILI	TY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00		
		ANY AUTO OWNED SCHEDULED				1		11/04/2		11/04/2023	BODILY INJURY (Per person)	(Per person) \$		
Α					Υ		2022-45828		11/04/2022		BODILY INJURY (Per accident)	er accident) \$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY									PROPERTY DAMAGE (Per accident)	\$			
	Ť	AUTOS UNLY		AUTOS ONLY							Medical payments	\$ 5,00	0	
	×	UMBRELLA LIAB	'	OCCUR							EACH OCCURRENCE	\$ 2,00	0,000	
Α		EXCESS LIAB CLAIMS-MADE					2022 45828-UMB		11/04/2022	11/04/2023	AGGREGATE	-	0,000	
		DED RET	ENTIO									\$		
		KERS COMPENSATION									PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes DESC	, describe under CRIPTION OF OPE	cribe under TION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	Soc	cial Services/Pro	ofessi	ional Liabitliv							Per Occurence	· ·	0,000	
Α				,			2022-45828		11/04/2022	11/04/2023	Aggregate	2,00	0,000	
Cou	nty o	f Humboldt, its	office	rs, officials, emplo	yees,	and v	01, Additional Remarks Schedule, olunteers are named addition ver of subrogation endoresm	al insure	ed as per enclo		ent but only to the extent of			
CE	RTIFI	CATE HOLDE	R					CANC	ELLATION					
County of Humboldt, its officers, officials, employees, and volunteers 2440 6th Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
_					2			AUTHORIZED REPRESENTATIVE						
Eureka					CA 95501			Elin Q. Pax.						

POLICY NUMBER: 2022-45828 Named Insured: Wild Souls Ranch

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. 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:

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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY - FOR DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "damages" 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.

The insurance extended by this endorsement is primary coverage when you have so agreed in a written contract or agreement and will be considered non-contributory with the additional insured(s) own insurance.

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POLICY NUMBER: 2022-45828

NAMED INSURED: Wild Souls Ranch

FORM: NIAC-E26 11 17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

Name of Person or Organization:										

SCHEDULE

Where you are so required in a written contract or agreement currently in effect or becoming effective during the term of this policy, we waive any right of recovery we may have against that person or organization, who may be named in the schedule above, because of payments we make for injury or damage.

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