



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2018

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 InterWest Insurance Serv., LLC License #0B01094 310 Hemsted Dr., Suite 200 Redding CA 96002-0935	CONTACT NAME: Jennifer Lakmann PHONE (A/C. No. Ext): 530-222-1737 E-MAIL ADDRESS: jlakmann@iwins.com		FAX (A/C. No): 530-222-3771
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Restpadd Health Corp 925 Walnut St. Red Bluff CA 96080	RESTP-3		INSURER A : NORCAL Mutual Ins Company 33200
			INSURER B : State Comp Ins Fund (CA) 35076
			INSURER C :
			INSURER D :
			INSURER E :
			INSURER F :

COVERAGES

CERTIFICATE NUMBER: 444368544

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 <input checked="" type="checkbox"/> ProfessionalLiab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		725841	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			725841	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	904894518	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

As respects General Liability, Humboldt County, its officers, Officials, Employees and Volunteers are included as Additional Insured as per endorsement attached.

CERTIFICATE HOLDER**CANCELLATION**

Humboldt County Health and Human Services Mental Health 720 Wood Street Eureka CA 95501-44	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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It is hereby understood and agreed that **Coverage Part A – Professional Liability Insurance – Claims Made** is amended to add the organization (s) shown on the rosters below as Insureds, but only with respect to liability that arises out of Medical Incidents by the Named Insured. The Start Dates for such coverage are shown in the roster(s) below.

The Limits of Liability shown on the Declarations Page, applicable to the Named Insured, are shared with the Organization(s) shown on the rosters below after the Start Date(s).

Add the following Organization(s):

Name	Start Date
N/A	N/A

Roster of Current Organization(s):

Name	Start Date
N/A	N/A

It is further understood and agreed that the Organization(s) shown on the rosters below are deleted from coverage. After the Termination Date (s) shown on the rosters below, the Organization(s) shown on the rosters below will continue to be insured under this Policy for Claims arising from Medical Incidents that took place on or after the Start Date(s) and before the Termination Date(s) shown on the rosters below and that are reported to Us while this Policy is in force or is renewed by Us.

If this Policy is canceled or is not renewed, all coverage under Coverage Part A will cease unless the Named Insured purchases an Extended Reporting Period Endorsement as per **PART VII, EXTENDED REPORTING PERIOD OPTION**.

Delete the following Organization(s):

Name	Termination Date
N/A	N/A

Roster of Deleted Organization(s):

Name	Termination Date
N/A	N/A

It is further understood and agreed that **Coverage Part B – Health Care General Liability Insurance – Occurrence** is also amended to add the organization (s) shown on the rosters below as Insureds, but only with respect to liability that arises out of Occurrences, Personal Injury or Advertising Injury by the Named Insured. The Start Date(s) for such coverage are shown in the roster(s) below.

The Limits of Liability shown on the Declarations Page, applicable to the Named Insured, are shared with the Organization(s) shown on the rosters below after the Start Date(s).

Add the following Organization(s):

Name	Start Date
N/A	N/A

Roster of Current Organization(s):

Name	Start Date
County of Monterey, its Officers, Agents and Employees	07/01/2017
Humboldt County, its agents, officials, employees and volunteers	05/25/2017
County of Nevada, its agents, officials, employees and volunteers	11/01/2017

It is further understood and agreed that the Organization(s) shown on the rosters below are deleted from coverage. After the Termination Date(s) shown on the rosters below, the Organization(s) shown on the rosters below will continue to be insured under this Policy for Occurrences, Personal Injury or Advertising Injury that took place on or after the Start Date(s) and before the Termination Date(s) as shown on the rosters below.

Delete the following Organization(s):

Name	Termination Date
N/A	N/A

Roster of Deleted Organization(s):

Name	Termination Date
N/A	N/A

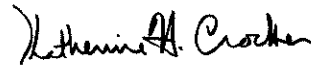
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

This endorsement when signed by NORCAL's President and Secretary at San Francisco, California shall take effect on the endorsement effective date shown below.

Issue Date: March 14, 2018
Named Insured: Restpadd Health Corp
Policy Number: 725841
Policy Period: April 1, 2018 to April 1, 2019
Transaction Number: 4
Endorsement Effective Date: April 1, 2018
Additional/Return Premium: \$N/A



T. Scott Diener
President



Katherine H. Crocker
Secretary