# SEVENTH AMENDMENT SOLID WASTE COLLECTION FRANCHISE AGREEMENT FOR THE WEOTT/MYERS FLAT AREAS OF THE COUNTY OF HUMBOLDT

This Seventh Amendment to the Solid Waste Collection Franchise Agreement dated October 26, 2010, by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Eel River Disposal Company, Inc., a California corporation, hereinafter referred to as "CONTRACTOR," shall be effective as of, July 1, 2016.

### RECITALS

WHEREAS, on October 26, 2010, COUNTY and CONTRACTOR entered into a Solid Waste Collection Franchise Agreement ("Franchise Agreement") for the handling and disposal of solid waste in the unincorporated Weott-Myers Flat areas of Humboldt County for the period of November 1, 2010 to June 30, 2020; 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 B, 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 15(A) of the Franchise Agreement shall be as shown in the modified version of Exhibit A Weott/Myers Flat 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 B 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 B-1 and B-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 October 26, 2010, 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.

EEL	RI	VER	DISP	OSAL	<b>COMP</b>	ANY,	INC.:
			_				

By: Harry A. Hardin, President	Date: 5-25-16
By: Karen Smith, Secretary	Date: 5-25-16
COUNTY OF HUMBOLDT:	
By: Mark Lovelace Chair, Board of Supervisors	Date: 6/21/16
INSURANCE CERTIFICATES APPROVED:	·
By: Khingsudi. Risk Management	Date: <u>Le/9/16</u>

### **EXHIBIT A: WEOTT/MYERS FLAT AREA FRANCHISE RATES**

EFFECTIVE JULY 1, 2016

Α	В	С	D	E		F	G	Н	1. I.
	Prior Yr		Current Yr						
Type of Service	Base	CPI Adjustment	Base	Disposal		Sub-	Franchise Fee	Total	Frequency of
Type of Service	Rate	0.0050	Rate	\$ 122.29		Total	9%	Rate	Service
TABLE 1	CAN RATES	S - RESIDENTIAL and COMMERCIAL							
20 Gallon Can	14.28		14.35	\$5.30		\$19.65	\$1.94	\$21.59	Weekly
32 Gallon Can	19.95		20.05	\$7.95		\$28.00	\$2.77		Weekly
40 Gallon Can	25.65		25.78	\$10.60		\$36.38	\$3.60		Weekly
90 Gallon Can	45.50		45.73	\$23.85		\$69.57	\$6.88		Weekly
OCCASIONAL 30 Gal.	7.05		7.09	\$1.83		\$8.92	\$0.88	\$9.80	Per pick-up
TABLE 2	LARGE CO	ONTAINERS M	onthly service	e, including bin	rental				
1.0 CY	123.83		124.45	\$53.52		\$177.97	\$17.60	\$195.57	Once per week
2.0 CY	161.40		162.21	\$107.04		\$269.25	\$26.63		Once per week
4.0 CY	239.44		240.64	\$214.09		\$454.72	\$44.97		Once per week
6.0 CY	310.97		312.52	\$321.13		\$633.66	\$62.67		Once per week
15.0 CY	887.58		892.01	\$802.83		\$1,694.85	\$167.62		Once per week
20.0 CY	1,040.16		1,045.36	\$1,070.45		\$2,115.80	\$209.25		Once per week
40.0 CY	1,489.39		1,496.83	\$2,140.89		\$3,637.72	\$359.77		Once per week
	Per Pick up	rates for one container		ū.					
1.0 CY	73.36		73.73	\$12.35		\$86.08	\$8.51	\$94.59	Per pick-up
2.0 CY	133.08		133.74	\$24.70		\$158.45	\$15.67		Per pick-up
4.0 CY	216.98		218.06	\$49.41		\$267.47	\$26.45		Per pick-up
6.0 CY	321.00		322.60	\$74.11		\$396.71	\$39.24		Per pick-up
15.0 CY	229.70		230.85	\$185.27		\$416.12	\$41.15		Per pick-up
20 YD	275.51		276.89	\$247.03		\$523.91	\$51.82		Per pick-up
					per ton	\$122.29	\$12.09		over 2.02 tons
40 YD	371.89		373.75	\$494.05	**************************************	\$867.80	\$85.83		Per pick-up
					per ton	\$122.29	\$12.09	\$134.38	over 4.04 tons

	-		2
IΑ	В	LE	3

### **CONTAINER RENTAL RATES**

1 YARD				
2 YARD				
4 YARD				
6 YARD				
15 YARD				
20 YD Covered				
40 YD Covered				

Prior Year Rate				
Monthly	Daily			
\$24.78	\$10.13			
\$27.95	\$10.13			
\$33.12	\$10.13			
\$39.63	\$10.13			
\$31.56	\$15.78			
\$39.47	\$15.78			
\$47.39	\$15.78			

<b>Current Year</b>	Rate
Monthly	Daily
\$24.90	\$10.18
\$28.09	\$10.18
\$33.29	\$10.18
\$39.83	\$10.18
\$31.72	\$15.86
\$39.67	\$15.86
\$47.63	\$15.86

COUNTY OF HUMBOLDT				Exhibit B
SOLID WASTE COLLECTIO	N ANNUAL FE	RANCHISE RI	EPORT	
Calendar Year (YYYY)				
(Due April 1 following Calendar Year)	8	-		
CONTRACTOR INFORMATI	ON			
Franchise Area				
Company Name	-			
Address				
City, State, Zip Code	-			
Contact Name	-			
Phone Number				
Fax Number	- 174			
E-mail Address				
				1
FRANCHISE TONNAGE				
	Residential	Commercial	Total	<b>Destination Facilities</b>
Solid Waste				
Recycling & OCC	16.			
C&D Recycling				
Green Waste				
E-waste				
White Goods				
Foodwaste				
Sludge				
Ash				
SELF-HAULED TONNAGE T	O CONTRACT	OR'S SEPAR	ATE FACILITY	
	Total	Destination	H	low 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 mat	erials and ton	nages on se	parate sheets.	
NUMBER OF FRANCHISE A	CCOUNTS SE	RVED - SOLII	D WASTE	
Can: Residential/Comm: Mont	thly Service	r)	Large Container:	Monthly Service
20 Gallon			1 CY	
30 Gallon			1.5 CY	

40 Gallon		2.5 CY			
45 Gallon		3 CY			
48 Gallon		4 CY			
55 Gallon		5 CY			
60 Gallon		6 CY			
64 Gallon		7 CY			
90 Gallon		8 CY			
93 Gallon		10 CY			
96 Gallon		14 CY			
Occasional 30-Gallon		15 CY			
Prepaid bags		18 CY			
"Blue-Bag"		20 CY			
		Large Container:	Monthly Service		
		30 CY			
		40 CY			
Large Container: On-	call Pick Up	Large Container:	On-call Pick-Up		
1 CY		5 YD			
1.5 CY		14 YD Covered			
2 CY		14 YD Uncovered			
2.5 CY	7.4	18 YD Covered			
3 CY		18 YD Uncovered			
4 CY		20 YD			
5 CY		40 YD Uncovered			
6 CY					
7 CY					
8 CY					
10 CY					
14 CY					
15 CY					
18 CY					
20 CY					
30 CY					
40 CY					
NUMBER OF FRANCHIS	SE ACCOUNTS SERVED -	RECYCLING			
	Residential Comm	ercial			
Mixed Recycling					
Cardboard Only					
170					
	# Commercial Solid V	Vaste Accounts (4+ cu yds/	/wk)		
4	The second second second in	ial Solid Waste Accounts (	COLOURN A	ide Recycling Service	
	The second secon	Vaste Accounts (5+ units)		,	
		ly Solid Waste Accounts (5	5+ units) with Curbside Re	ecycling Service	

32 Gallon

\*AB1826 organic waste types: foodwaste, greenwaste,

landscape & pruning waste, non-hazardous wood waste &

NUMBER OF FRANCHISE ACCOUNTS SERVED - \*Organics

Residential Commercial

Food waste w/soiled paper		T		food soiled par	per mixed with foodwaste	
Green/yard/prune waste				para somes pap	The state of the s	
Non-haz wood waste						
Total						
	_					
	The same of the sa				of organics) in effect(Ap	
					of organics) in effect (Ja	CONTRACTOR OF THE PROPERTY OF
	# of abov	e Commercia	al Solid Waste Acc	ounts (8+ cu yds/wk) v	with Organics Recycling	Service
	# Multi-Fa	mily Solid Wa	aste Accounts (5+	units)		
	# of above	e Multi-Family	Solid Waste Acce	ounts (5+ units) with O	rganics Recycling Servi	ce
How many times have you prov	vided info abo	out AB 341 to a	pplicable customer	s?		
If applicable, please describe, o	or attach copy	of info provid	ed.			
How many times have you prov	vided info abo	out AB 1826 to	applicable custome	rs?		
If applicable, please describe, o	r attach copy	of info provid	ed.			
			-			- 20
						BC I
NUMBER OF FRANCHISE A	ACCOUNTS.	SERVED C	DEEN WASTE			
NUMBER OF FRANCHISE A		tial Commer				
Green Waste	Resident	lai Commer	Clai			
Rate?		-				
Rate:						
DIVERSION PROGRAMS						
Describe any new waste dive	ersion progra	ıms begun in	the past year:			
	, TE					
Describe any waste diversion	n programs d	discontinued i	n the past year:			
Dit						
Describe any economic incer	ntives for div	ersion progra	ms:			
Large=over 2,000 people						
Large Events Served:	T					
Materials Collected	Tons	Tons	Tons	Tons	Tons	
CRV		_				
Non-CRV						
OCC						
Compostables						
Total						

	Add ad	ditional	sheets	as	necessary	٧
--	--------	----------	--------	----	-----------	---

8 CY 10 CY 14 CY 15 CY 18 CY 20 CY 30 CY 40 CY

Total

100	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	Large Container:	Monthly
20 Gallon		1 CY	
30 Gallon	4 J L. J.	1.5 CY	
32 Gallon		2 CY	
40 Gallon	1037	2.5 CY	
45 Gallon		3 CY	
48 Gallon		4 CY	
55 Gallon		5 CY	
60 Gallon		6 CY	
64 Gallon		7 CY	
90 Gallon		8 CY	
93 Gallon	al N	10 CY	
96 Gallon		14 CY	
Occasional 30-Gallon		15 CY	
Prepaid bags		18 CY	
"Blue-Bag"		20 CY	
To	otal	30 CY	
		40 CY	
		Total	
arge Container:	Pick-up	Large Container:	Pick-up
1 CY	- 9 7 70 70	5 YD	
1.5 CY	ALT VILL	14 YD Covered	
2 CY	7	14 YD Uncovered	
2.5 CY		18 YD Covered	
3 CY		18 YD Uncovered	
4 CY	A Table	20 YD	
5 CY		40 YD Uncovered	
6 CY		Total	

## 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 Number of Course Title **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

SUMMARY OF SERVICE COMPLAINTS

Franchise Report Form 4/2/14
F:\PUBLIC\NATURRES\Solid waste\Business\REPORT REQ & FORMS\FRANCHISE REPORTS\Report Forms 7-1-16\ALL EXCEPT RECOLOGY\FRANCHISE Annual Report form 7-1-16\Office 6

Address	
City, State, Zip Code	
Addison	
Address	
City, State, Zip Code	
Address	
City, State, Zip Code	
ADDITIONAL INFORMATION:	10 m
	v
The undersigned under penalty of positive states that	the information listed on the above
The undersigned, under penalty of perjury, states that Annual Franchise Report are true and correct.	the information listed on the above
Alfildal Franchise Report are true and correct.	
The undersigned, under penalty of perjury, also states reported here, that they are reported to receiving landfreported to HWMA for use in disposal reporting on beh	ills, by jurisdiciton of origin, and that they are
Name of Preparer and Date	
Signatura	
Signature	
Form Revised/Effective 7/1/16	

## COUNTY OF HUMBOLDT SOLID WASTE COLLECTION QUARTERLY FRANCHISE REPORT

Exhibit B

Quarter

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

(Due by the 15th day of the second month following t	the end of each calendar quarter.)		
COUNTY OF HUMBOLDT	QUARTERLY F	RANCHISE 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			- u -
Sludge			
Wood Waste	7. 24.		
Total			
Add additional pages as necessary to report	all collected materials that are	not landfilled	×
PUBLIC SELF-HAUL TONS ACCEPTE	ED AT CONTRACTOR'S F	ACILITY OR SEPARATE	FACILITY
Location/s >>>>>>			
Solid Waste			
Facility			
SWIS			
Ach			

SWIS
Ash
CRV
E-waste
Food Waste
Greenwaste
Mixed Recyclables
OCC
Sludge
Wood Waste

	2 2 1	
, Vie ye -		

Total			
Add additional name as a second secon			
Add additional pages as necessary to report all accepte Do you provide info about AB 341 to applicable custo		dfilled.	
If applicable, please describe, or attach copy of info p	provided.		
Do you provide info about AB 1826 to applicable cust	tomers?		
If applicable, please describe, or attach copy of info p	provided.		
ADDITIONAL INFORMATION:			
The undersigned, under penalty of perjury, states	s that the information list	ed on the above	
Quarterly Franchise Report and gross receipts re			
The undersigned, under penalty of perjury, also s they are reported to receiving landfills, by jurisdic reporting on behalf of Humboldt County.			
Name of Preparer and Date			
Signature			

Form Revised/Effective 7/1/16

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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 CA LIC 0B29370	1-707-794-7400	CONTACT NAME:	Lori Perry		
Edgewood Partners Insurance Center [Petaluma - Branch ID 15381] 5350 Old Redwood Highway			707-794-7410 EPICrequests@epicbrokers.		707-794-7401
Suite 600 Petaluma, CA 94954		INSURER A :	INSURER(S) AFFORDING COVERAGE NEW HAMPSHIRE INS CO		NAIC # 23841
NSURED Kel River Disposal Co., Inc.		INSURER B :	NATIONAL UNION FIRE INS CO	OF LA	32298
PO Box 266		INSURER D :			
Fortuna, CA 95540	CATE NUMBER, 40070420	INSURER F :			

CERTIFICATE NUMBER: 46079430 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 POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE LTR **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY A X 01LX0117399963001 02/14/16 02/14/17 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED CLAIMS-MADE | X OCCUR \$ 300,000 PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER \$ 2,000,000 GENERAL AGGREGATE X POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER. COMBINED SINGLE LIMIT X X 01CA0190489583 AUTOMOBILE LIABILITY 02/14/16 02/14/17 \$ 1,000,000 ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) X HIRED AUTOS AUTOS В UMBRELLA LIAB 29UD0012157850000 X OCCUR 02/14/16 02/14/17 EACH OCCURRENCE \$ 3,000,000 X EXCESS LIAB CLAIMS-MADE AGGREGATE \$ 3,000,000 RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Paper Contract Additional Insured(s): County of Humboldt, its Board of Supervisors, officers, agents and employees as respects General Liability as per written contract. As Per Written Contract.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Clerk of Humboldt County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Board of Supervisors 1106 2nd Street Bureka, CA 95501 USA	AUTHORIZED REPRESENTATIVE

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C. 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
- 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.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.	
Information required to complete this	Sch	edule,	if not shown a	bove, will be shown in the Declarations.	1

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

### ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured: Eel River Disposal Co. Inc	(Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
  - (1) After the lease expires; or
  - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of:

- a. The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

Center .-

Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602174704

### **Electronic Service Requested**

## **EBIX BPO**

MIXED AADC 940

5244 1.0129 FP 0.471

## ուկիսիկինիականիրգիականիրինիական

County of Humboldt Clerk of Humboldt County Board of Supervisors 110b 2nd Street Eureka, CA 95501

194

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

- Q: What is a Certificate of Insurance?-
- A: A written document verifying insurance coverage of the Named Insured listed in the top left corner.-
- Q: Why am I receiving this?-
- A: The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance.
- Q: What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document.-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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 CA LIC 0B29370	1-707-794-7400	CONTACT NAME:	Lori Perry		
Edgewood Partners Insurance Center	(EPIC)		707-794-7410	FAX	707-794-7401
[Petaluma - Branch ID 15381]		E-MAIL			
5350 Old Redwood Highway		ADDRESS:	EPICrequests@epicbroker	s.com	
Suite 600			INSURER(S) AFFORDING COVER	RAGE	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B :	NATIONAL UNION FIRE INS	CO OF LA	32298
Eel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
		INSURER E :			
Fortuna, CA 95540		INSURER F			

FO BOX 200				INSURER E :			
Fortuna, CA 95540				INSURER F :			
	CERTIFICATE NUMBER: 46079436					REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH SIRE TYPE OF INSURANCE	PERT POLI	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY POLICY EFF	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS O ALL THE TERMS
A X COMMERCIAL GENERAL LIABILITY	X	X	01LX0117399963001		02/14/17	EACH OCCURRENCE	\$ 1,000,000
CLAIMS-MADE X LOCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 300,000 \$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$ 2,000,000
X POLICY PRO- JECT LOC OTHER.			4			PRODUCTS - COMPIOP AGG	\$ 2,000,000 \$
A AUTOMOBILE LIABILITY	Х	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO						BODILY INJURY (Per person)	\$
ALLOWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	S
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE	\$
A0103						(Per accident)	S
B UMBRELLA LIAB X OCCUR	х	x	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE	\$ 3,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000
DED RETENTION \$						NOUNEDATE	3
WORKERS COMPENSATION						PER OTH-	*
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N						STATUTE : ER	
OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	S
(Mandatory in NH) If yes, describe under						E L DISEASE - EA EMPLOYEE	\$
DÉSCRIPTION OF OPERATIONS below	-	-				E.L. DISEASE POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							
E: The Southern Container Sites	/Fer	ndal	e Franchise/Fortuna	Area Franchise	and Redway	y Transfer Station.	Exclusive
Exclusive Franchise for the colle additional Insured: The Ferndale							
Redway Transfer Station, and The						es, Fortuna Area Fr	anchise and
As Per Written Contract.			or numbered us per a	ricesi concract			
CERTIFICATE HOLDER				CANCELLATION			

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 2nd Street	AUTHORIZED REPRESENTATIVE
Eureka, CA 95501 USA	Kon Honey

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C. 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.



## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.	
- 1					*
Information required to complete this	Sch	adula	if not shown a	bove, will be shown in the Declarations.	-

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured: Eel River Disposal Co. Ind	
Ber River Disposal Co. Inc	(Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
  - (1) After the lease expires; or
  - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of:

- a. The coverage and/or limits of this policy, or
- b. The coverage and/or limits required by said contract or agreement.

Edgewood Partners Insurance Center (EPIC)

5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602173316

### **Electronic Service Requested**

**EBIX BPO** 

ALL FOR AADC 940 16028 1.0129 AB 0.413 կուկրդվերի և բանականություն և հետևորի և հետևոր County of Humboldt 1106 2ND ST EUREKA, CA 95501-0531

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center . -

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

- What is a Certificate of Insurance?-
- A written document verifying insurance coverage of the Named Insured listed in the top left corner.-
- Why am I receiving this?-0:
- The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance.-
- Q: What is this costing me?-
- Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400 .-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

ENV 16027



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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 CA LIC 0B29370 1-707-794-7400  Edgewood Partners Insurance Center (EPIC)  [Petaluma - Branch ID 15381]  5350 Old Redwood Highway	CONTACT LOTI Perry MAME: PHONE (A/C, No. Ext): 707-794-7410 FAX (A/C, No.): 70 E-MAIL ADDRESS: EPICrequests@epicbrokers.com	7-794-7401
Suite 600 Petaluma, CA 94954	INSURER(S) AFFORDING COVERAGE INSURER A: NEW HAMPSHIRE INS CO	NAIC #
INSURED Bel River Disposal Co., Inc.	INSURER B: NATIONAL UNION FIRE INS CO OF LA	32298
PO Box 266	INSURER D :	
Fortuna, CA 95540	INSURER F :	

COVERAGES	CERTIFICATE NUMBER: 46079462	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.

NSR TR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3
A	CLAIMS-MADE X OCCUR  GENT AGGREGATE LIMIT APPLIES PER:  X POLICY PRO OTHER.		X	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS · COMPIOP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
-	AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X AUTOS	X	x	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
В	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS MADE	x	x	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000
	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N NY PROPRIETOR/PARTNER/EXECUTIVE PEFICER/MEMBER EXCLUDED? Mandatory in NH) lyss, describe under LESCRIPTION OF OPERATIONS below	N/A					PER STATUTE : ER  E L EACH ACCIDENT  E L DISEASE - EA EMPLOYEE  E L DISEASE - POLICY LIMIT	

RE: Redway Transfer Station Contract

Additional Insured: The County, its officers, employees and agents on a primary and non-contributory basis as per written contract.

As Per Written Contract.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 Second Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Kon Henry

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C. 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.

ENV 16027

POLICY NUMBER: 01LX0117399963001

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.
nformation required to complete this	Sch	edule,	if not shown a	bove, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured. Eel River Disposal Co. In	(Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to
  the "accident" which caused the "bodily injury" or "property damage" to which this coverage
  applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
  - (1) After the lease expires; or
  - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor, or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of.

- a. The coverage and/or limits of this policy; or
- b. The coverage and/or limits required by said contract or agreement.

Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602171316

### **Electronic Service Requested**

**EBIX BPO** 

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center.-

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

- Q: What is a Certificate of Insurance?-
- A: A written document verifying insurance coverage of the Named Insured listed in the top left corner.-
- Q: Why am I receiving this?~
- A: The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance.-
- Q: What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document.-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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 CA LIC 0B29370	1-707-794-7400	CONTACT NAME:	Lori Perry		
Edgewood Partners Insurance Center	(EPIC)	PHONE (A/C, No. Ext):	707-794-7410	FAX	707-794-7401
[Petaluma - Branch ID 15381]		E-MAIL			
5350 Old Redwood Highway		ADDRESS:	EPICrequests@epicbrokers.	COM	
Suite 600		1	INSURER(S) AFFORDING COVERAG	E	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B :	NATIONAL UNION FIRE INS CO	OF LA	32298
Eel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
		INSURER E :			
Fortuna, CA 95540		INSURER F :			

Fortuna, CA 95540				INSURER F :			
	RTIFICA	ATE	NUMBER: 46079482	moone, ,		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INST TYPE OF INSURANCE	PERTAI POLICII ADDLISI	IN, 1	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY POLICY EFF	OR OTHER I	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	OT TO WHICH THIS DI ALL THE TERMS,
A X COMMERCIAL GENERAL LIABILITY	INSO W	-	01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE	\$ 1,000,000
CLAIMS MADE X OCCUR						DAMAGE TO RENTED PREMISES (Eg occurrence)	\$ 300,000
	1 1					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	5 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
A AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED SCHEDULED	X	x	01CA0190489583	02/14/16	02/14/17	BODILY INJURY (Per person)	\$ 1,000,000
X HIRED AUTOS X AUTOS  X HIRED AUTOS X AUTOS						PROPERTY DAMAGE (Per accident)	\$ \$ \$
B UMBRELLA LIAB X OCCUR	х )	x	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE	\$ 3,000,000
X EXCESS LIAB CLAIMS-MAD	E	-				AGGREGATE	\$ 3,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETORIPARTNER/JEXECUTIVE OFFICER/JMEMBER EXCLUDED? (Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N N A					PER OTH- STATUTE ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (AC	ORD	101, Additional Remarks Schedul	e, may be attached if mor	re space Is requir	red)	
RE: Weott/Myers Flat Exclusive Additional Insured: The Weott/My							contract.
CERTIFICATE HOLDER				CANCELLATION			
County of Humboldt					N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.	
1106 2nd Street			-	AUTHORIZED REPRESE	NTATIVE		

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Eureka, CA 95501

USA

C. 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
- 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.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

lame Of Person Or Organization:	AS	PER	WRITTEN	CONTRACT.
and the second				
				bove, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured: Eel River Disposal Co. Inc	. (Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos":
  - (1) After the lease expires; or
  - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of:

- a. The coverage and/or limits of this policy; or
- b. The coverage and/or limits required by said contract or agreement.

### Edgewood Partners Insurance Center (EPIC)

5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602173316

### **Electronic Service Requested**

**EBIX BPO** 

ALL FOR AADC 940
16026 1.0129 AB 0.413
16026 1.0129 AB 0.413
165
160 AADC 940

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center.-

PLEASE NOTE: Requests must be submitted or approved by the Named Insured .-

FREQUENTLY ASKED QUESTIONS: -

- Q: What is a Certificate of Insurance?-
- A: A written document verifying insurance coverage of the Named Insured listed in the top left corner.-
- Q: Why am I receiving this?-
- A: The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance.-
- Q: What is this costing me?-
- A: Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document.-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

ENV 16025

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2016

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 CA LIC 0B29370 Edgewood Partners Insurance Center [Petaluma - Branch ID 15381] 5350 Old Redwood Highway	1-707-794-7400 (EPIC)	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL AODRESS:	Lori Perry 707-794-7410 EPICrequests@epicbrokers.	i feach unit	07-794-7401
Suite 600			INSURER(S) AFFORDING COVERAG	E	NAIC #
Petaluma, CA 94954		INSURER A :	NEW HAMPSHIRE INS CO		23841
INSURED		INSURER B :	NATIONAL UNION FIRE INS CO	OF LA	32298
Bel River Disposal Co., Inc.		INSURER C :			
PO Box 266		INSURER D :			
- Carly - E		INSURER E :			
Fortuna, CA 95540		INSURER F :			

**COVERAGES** 

**CERTIFICATE NUMBER: 46079448** 

**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.

ISR TR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X : OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- DECT LOC  OTHER:	x		01LX0117399963001	02/14/16	02/14/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
And the last of th	X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  AUTOS  X HIRED AUTOS  X ANY AUTO AUTOS AUTOS AUTOS AUTOS AUTOS	x	х	01CA0190489583	02/14/16	02/14/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$	х	х	29UD0012157850000	02/14/16	02/14/17	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED? Mandatory in NH) / yes, describe under LESCRIPTION OF OPERATIONS below	N/A			and the state of t		PER STATUTE OTH- STATUTE 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)

RE: Solid Waste Collection for Willow Creek Area of Humboldt County

Additional Insured(s): The County of Humboldt, its officers, employees and agents as per written contract.

30 Days Written Notice of Cancellation for Non-Renewal and 10 Days Notice of Cancellation for Non-Payment of Premiums

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Contract Administrator	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1106 Second Street	AUTHORIZED REPRESENTATIVE
Bureka, CA 95501	Hon Herry
	© 1009 2014 ACORD CORPORATION AN JULY

© 1988-2014 ACORD CORPORATION. All rights reserved.

C. 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

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.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Person Or Organization: AS PER WRITTEN CONTRACT.

51-90-E0

8 to 8 sps4

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 2/14/16	Countersigned By:
Named Insured: Eel River Disposal Co. Inc	· (Authorized Representative)

The WHO IS AN INSURED provision is amended to include as an "insured" any person or organization for whom you agreed in a written contract, written agreement, or written permit to provide such coverage as is afforded under this policy, but only as respects the use of a covered "auto".

This provision does not apply:

- Unless the written contract or agreement has been executed or the permit has been issued prior to the "accident" which caused the "bodily injury" or "property damage" to which this coverage applies;
- b. To any person or organization included as an "insured" by an endorsement in the Declarations;
- c. To any lessor of "autos".
  - (1) After the lease expires; or
  - (2) If the "bodily injury" or "property damage" arises out of the sole negligence of the lessor; or
- d. To any contract or agreement for professional services.

The insurance provided by this endorsement will not exceed the lesser of

- a. The coverage and/or limits of this policy, or
- b. The coverage and/or limits required by said contract or agreement.

Edgewood Partners Insurance Center (EPIC) 5350 Old Redwood Highway Suite 600 Petaluma, CA 94954

201602:23316

### **Electronic Service Requested**

**EBIX BPO** 

ALL FOR AADC 940

16025 1.0129 AB 0.413

## միկչնեն վիկակոնին ինկականին կանկանին ինկան հերև

County of Humboldt 1105 2ND ST CONTRACT ADMINISTRATOR EUREKA, CA 95501-0531

This document has been brought to you by CertificatesNow on behalf of Edgewood Partners Insurance Center .-

PLEASE NOTE: Requests must be submitted or approved by the Named Insured.-

FREQUENTLY ASKED QUESTIONS: -

Q: What is a Certificate of Insurance?-

A: A written document verifying insurance coverage of the Named Insured listed in the top left corner.-

Q: Why am I receiving this?-

A: The Named Insured listed in the top left corner is performing or has performed operations for you where they have been required to show you evidence of their insurance .-

Q: What is this costing me?-

Certificates are issued as a service to our Named Insured. We will not be sending you an invoice for having received this document .-

If you have any additional questions or concerns regarding the content of this document, contact our office at (707) 794-7400.-

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.

Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>866537P</u> dated January 1, 2001, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal & Resource Recovery Inc.</u> as Principal, in favor of the <u>County of Humbolt</u> as Obligee for the period <u>January 1, 2016 and ending January 1, 2017</u> subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 14th, Day of January, 2016.

Indemnity Company of California Surety

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma On January 14, 2016 before me, Nancy L. Wallis, Attorney-in-Fact

Insert Name of Notary exactly as it appears on the official seal , Notary Public, personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that be/she/they executed the same in his/he//their authorized capacity(ies), and that by his/he//their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) NANCY L. WALLIS COMM. # 1986R5.5 WINDERLY PUBLIC - CALIFORNIA SONOMA COUNTY acted, executed the instrument. SONOPA COURTY MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Signature of Notan Public Nancy L. Wallis Place Notary Seal Above — OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s):\_\_\_\_ ☐ Corporate Officer — Title(s): ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact ☐ Attorney in Fact RIGHT THUMBPRINT RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008,

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of surelyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney:

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Mark Lansdon, Vice-President





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On Januar	y 29, 2015 Date	before me,	Lucille Raymond, Notary Public  Here Insert Name and Title of the Officer	-
personally appeared			Daniel Vouna and Mark Lanadan	

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Lucille Raymond, Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

**Orange County** 

My Comm. Expires Oct 13, 2018

14th

January

2016.

Berrisford, Assistant Secretar

Place Notary Seal Above

Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Developers Surety and Indemnity Company</u>, as surety, hereby continues in force Bond No. <u>430472P</u> dated June 30, 1997, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016 and ending June 30, 2017</u> subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Developers Surety and Indemnity Company</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

CIVIL CODE § 1189

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
A notary public or other officer completing this certificate is attached, and not	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California	)
County of Sonoma	)
May 10, 2016	
Date Defore me,	Stacy M. Clinton, Notary Public
	Here Insert Name and Title of the Officer
personally appearedNatalie A	nn Horder
	Name(s) of Signer(s)
who proved to me on the basis of satisfactor subscribed to the within instrument and acknowns/her/their authorized capacity(ies), and that by or the entity upon behalf of which the person(x) a	y evidence to be the person(s) whose name(s) is/a/e wledged to me that be/she/they executed the same in bis/her/their signature(s) on the instrument the person(s), acted, executed the instrument.
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	WITNESS my hand and official seath
Place Notary Seal Above	Signature of Notary Public
OP OP	TIONAL
Though this section is optional, completing this fraudulent reattachment of this	s information can deter alteration of the document or s form to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Tha	n Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name: ☐ Corporate Officer — Title(s):	Signer's Name:
Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General
☐ Trustee ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact
Other:	☐ Other:
signer Is Representing:	Signer Is Representing:
· · · · · · · · · · · · · · · · · · ·	

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PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint.

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Janual Young
Daniel Young, Senior Vice-President

By: Janual Young

Mark Lansdon, Vice-President

OCT. 10 OCT. 1936

Name(s) of Signer(s

COMPANY OF COMPANY OF

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On January 29, 2015 before me, Lucille Raymond, Notary Public

Date Here Insert Name and Title of the Officer

personally appeared Daniel Young and Mark Lansdon

LUCILLE RAYMOND
Commission # 2081945
Notary Public - California
Orange County

Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_

ille Baymond, Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

day of

This Certificate is executed in the City of Irvine, California, this

Comm. Expires Oct 13, 2018

10th

May

2016

By: Cassie J. Berrisford
Cassie J. Berrisford, Assistant Segretary

ID-1380(Rev.01/15)

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515828P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016</u> and ending June 30, 2017 subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

INDEMNITY COMPANY of California

Surety

CIVIL CODE § 1189

XCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	receptorer of energies expressed and opposite contract of a 110
A notary public or other officer completing this certi- document to which this certificate is attached, and no	ificate verifles only the identity of the individual who signed the of the truthfulness, accuracy, or validity of that document.
State of California	
County of Sonoma	
On May 10, 2016 before me,	Story M. Clinton Notary Duklin
Date	Stacy M. Clinton, Notary Public  Here Insert Name and Title of the Officer
:	
personally appearedNatalie	Ann Horder
	Name(s) of Signer(s)
subscribed to the within instrument and acknowledge	by evidence to be the person(s) whose name(s) is/a/cowledged to me that be/she/they executed the same in his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal  Signature
	PTIONAL
fraudulent reattachment of th	is information can deter alteration of the document or his form to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Th	nan Named Above:
Capacity(les) Claimed by Signer(s)	
	Signer's Name:
Signer's Name: Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	Other:
Other:  Signer Is Representing:	Signer Is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint.

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Mark Lansdon, Vice-President

AND 936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

January 29, 2015

before me.

Lucille Raymond, Notary Public

Here Insert Name and Title of the Office

personally appeared

Daniel Young and Mark Lansdon

LUCILLE RAYMOND Commission # 2081945 Notary Public - California Orange County My Comm. Expires Oct 13.

Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 10th day of

May

2016

Premium Amount: \$1,050.00

In consideration of the premium charged, <u>Developers Surety and Indemnity Company</u>, as surety, hereby continues in force Bond No. <u>430472P</u> dated June 30, 1997, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015 and ending June 30, 2016</u> subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Developers Surety and Indemnity Company</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

DEVELOPERS SURETY AND INDEMNITY COMPANY

Surety

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma May 19, 2015 before me, Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that her she/they executed the same in his her/their authorized capasity (ise), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) NANCY L. WALLIS COMM. # 1986855 acted, executed the instrument. MOTARY PUBLIC - CALIFORNIA I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true SONOMA COUNTY MY COMM. EXPIRES AUG. 28, 2016 and correct. Witness my hand and official seal. Signature Place Notary Seal Above Nancy L. Wallis - OPTIONAL -Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): \_\_ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint.

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Mark Lansdon, Vice-President

AND 1936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

January 29, 2015

before me.

Lucille Raymond, Notary Public

personally appeared

Daniel Young and Mark Lansdon



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Lucille Raymond, Notary Publi

#### CERTIFICATE

The understanded, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

19th day of

May, 2015.

Cassie J. Berrisford, Assistant Sed

ID-1380(Rev.01/15)

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515827P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015</u> and ending <u>June 30, 2016</u> subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

INDEMNITY COMPANY of California

Surety

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma May 19, 2015 before me, Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ise), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) NANCY L. WALLIS COMM. # 1986855 NOTARY PUBLIC - CALIFORNIA acted, executed the instrument. SONOMA COUNTY MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Place Notary Seal Above - OPTIONAL . Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: \_\_\_\_ Number of Pages: Signer(s) Other Than Named Above: \_\_\_\_ Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): \_\_ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Trustee OF SIGNER ☐ Trustee OF SIGNER ☐ Guardian or Conservator ☐ Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L, Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship, and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President

AND 10 1936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

January 29, 2015

before me,

Lucille Raymond, Notary Public

Daniel Young and Mark Lansdon

personally appeared

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Lucille R

Place Notary Seal Above

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

Orange County

Comm. Expires Oct 13, 2011

#### CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

19th day of May, 2015.

ID-1380(Rev.01/15)

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515828P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2015</u> and ending June 30, 2016 subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 19th, Day of May, 2015.

INDEMNITY COMPANY of California

Surety

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA County of Sonoma May 19, 2015 before me, Nancy L. Wallis , Notary Public. Insert Name of Notary exactly as it appears on the official seal personally appeared Natalie Ann Horder Name(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) stare subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/he/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument. NANCY L. WALLIS COMM. # 1986855
NOTARY PUBLIC (ALIFORNIA SONOMA COUNTY acted, executed the instrument. MY COMM. EXPIRES AUG. 28, 2016 I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my Irand and official seal. Signature Signature of Notan Public Nancy L. Wallis Place Notary Seal Above - OPTIONAL . Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document. **Description of Attached Document** Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name: ☐ Individual ☐ Individual ☐ Corporate Officer — Title(s):\_\_\_ ☐ Corporate Officer — Title(s): \_\_\_ ☐ Partner ☐ Limited ☐ General ☐ Partner ☐ Limited ☐ General ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Attorney in Fact RIGHT THUMBPRINT ☐ Trustee OF SIGNER Trustee OF SIGNER ☐ Guardian or Conservator Guardian or Conservator Top of thumb here Top of thumb here Other: Other: Signer is Representing: Signer is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Altorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By. Daniel Young, Senior Vice-President

Ask

Mark Lansdon, Vice-President

OCT. 1936



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On	January 29, 2015	before me,	Lucille Raymond, Notary Public	
	Date		Here Insert Name and Title of the Officer	
personally	appeared		Daniel Young and Mark Lansdon	



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_

Lucille Raymond, Notary Public

#### CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 19th day of May, 2015.

By Cassie J. Berrisford
Cassie J. Berrisford, Assistant Saddetary

ID-1380(Rev.01/15)

Premium Amount: \$875.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>515827P</u> dated October 01, 1998, in the amount of <u>Thirty-five Thousand Dollars and No/100</u> (\$35,000.00) on behalf of <u>Eel River Disposal Co., Inc.</u> as Principal, in favor of <u>The County of Humbolt</u> as Obligee for the period <u>June 30, 2016 and ending June 30, 2017</u> subject to all terms and conditions of the said bond:

**PROVIDED** that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this 10th, Day of May, 2016.

INDEMNITY COMPANY of California

Surety

CIVIL CODE § 1189

**************************************	CIVIL CODE 9 1165
A notary public or other officer completing this cert document to which this certificate is attached, and no	tificate verifies only the identity of the individual who signed the ot the truthfulness, accuracy, or validity of that document.
State of California	)
County of Sonoma	)
On May 10, 2016 before me.	Stooy M. Olinton, Notice, Duklin
On before me,	Stacy M. Clinton, Notary Public
	Here Insert Name and Title of the Officer
personally appearedNatalie	Ann Horder
	Name(s) of Signer(s)
subscribed to the within instrument and acknowledge	ory evidence to be the person(s) whose name(s) is/aye owledged to me that he/she/they executed the same in this/her/their signature(s) on the instrument the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws
	of the State of California that the foregoing paragraph is true and correct.
STACY M. CLINTON Commission # 2129252 Notary Public - California Sonoma County My Comm. Expires Nov 3, 2019	Signature  Signature of Notary Public
Though this section is optional, completing th	OPTIONAL  is information can deter alteration of the document or
fraudulent reattachment of the	his form to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Th	nan Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Signer's Name: Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
Partner — 🗆 Limited 🗆 General	☐ Partner — ☐ Limited ☐ General
Individual Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	
Other:Signer Is Representing:	Other: Signer Is Representing:

PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DE YELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

\*\*\*Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally\*\*\*

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA. effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them haroby is, curhorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship, and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

By: Daniel Young, Senior Vice-President

Mark Lansdon, Vice-President





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On January 29, 2015 before me, Lucille Raymond, Notary Public

Dale Here Insert Name and Title of the Officer

personally appeared

Daniel Young and Mark Lansdon

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Lucille Raymond, Notary Public

Place Notary Seal Above

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this

LUCILLE RAYMOND

Commission # 2081945 Notary Public - California

**Orange County** 

Comm. Expires Oct 13, 20

10th

May

2016

By: Cassie J. Bernisford.
Cassie J. Bernisford, Assistant Security