OP ID: CC

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/30/2020

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.

- 1	f SUE	BROGATION IS V	VAIVED, subject	to ti	ne tei	rms and conditions of the pitch	ne poli	cv. certain p	olicies may i					
PRODUCER 530-626-2533								CONTACT Jerri Nokes						
ISU Insurance Services Atwood Agency 800 Pacific Street							PHONE (A/C. No. Ext): 530-626-2533 FAX (A/C. No): 530-622-5221							
							EMAIL ADDRESS: jnokes@atwoodins.com							
Placerville, CA 95667 Jerri Nokes								INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURER A: Hartford Ins Group					00914	
INSURED							INSURER B : Chubb Group of Ins							
Olin Jones 6428 Palm Avenue							INSURE	RC:						
Car	micn	ael, CA 95608					INSURER D :							
							INSURER E :							
							NSURER F:							
COVERAGES CER						ENUMBER:	REVISION NUMBER:							
I	NDICA ERTI EXCLU	ATED. NOTWITHS FICATE MAY BE I	TANDING ANY RE SSUED OR MAY ITIONS OF SUCH	EQUIF PERT POLI	REME 'AIN,	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE POLICY NUMBER	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WIT D HEREIN IS SU	H RESPE	OT TO O ALL	WHICH THIS	
A		COMMERCIAL GENEI		INSD	WVD	POLICY NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)	E A OLL O COURDEN			2,000,000	
		CLAIMS-MADE	X OCCUR	х		57SBABM6836		04/01/2020	04/01/2021	DAMAGE TO RENT PREMISES (Ea occ		\$	1,000,000	
										MED EXP (Any one		\$	2,000,000	
										PERSONAL & ADV	INJURY	\$	4,000,000	
	GEN	N'L AGGREGATE LIMIT								GENERAL AGGRE		\$	4,000,000	
		POLICY PRO-	LOC							PRODUCTS - COM	P/OP AGG	\$	4,000,000	
Α	0.15	OTHER: OMOBILE LIABILITY								COMBINED SINGLI (Ea accident)	E LIMIT	\$	2,000,000	
, ,	AUI	ANY AUTO				57SBABM6836		04/04/2020	04/01/2021			\$	_,,	
		OWNED AUTOS ONLY	SCHEDULED AUTOS			J7 SBABINIO 830		04/01/2020	04/01/2021	BODILY INJURY (P		\$		
	X	HIRED AUTOS ONLY								BODILY INJURY (P PROPERTY DAMAI (Per accident)	ег ассіденц <u>)</u> ЭЕ	\$		
		AUTOSONLY	AUTOS ONLY							(Per accident)		\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	0_	\$		
		DED RETENT	ION\$							110 011 2011 2		\$		
	WOF	RKERS COMPENSATION	<u>N</u> ,							PER STATUTE	OTH- ER			
									E.L. EACH ACCIDE	NT	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
В	Erro	ors & Omissions				MLBCAF144799712		06/05/2019	06/05/2020	EachClaim			1,000,000	
										Aggregate			1,000,000	
Ce	rtific		lded as additio	-		 0 101, Additional Remarks Schedu red per the written cor		e attached if mor	e space is requir	ed)				
CE	RTIF	ICATE HOLDER					CANCELLATION							
Humboldt County Attn: Risk Management 825 5th Street Rm 131 Eureka, CA 95501								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE GENT Nokes						



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNER, LESSEES OR CONTRACTOR

COUNTY OF HUMBOLDT ATTN: RISK MANAGEMENT

COUNTY OF HUMBOLDT, ITS AGENTS, OFFICERS, OFFICIALS, EMPLOYEES AND V

825 FIFTH STREET ROOM 131 EUREKA CA 95501

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