Certificate No:



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer rights to the certificate noider in lieu of such endorse	ich endorsement(s).						
PRODUCER	CONTACT NAME:						
Aon Risk Services Central, Inc. Philadelphia PA Office	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C, No.): (800) 363-01	105 .			
100 North 18th Street 15th Floor	E-MAIL ADDRESS:						
Philadelphia PA 19103 USA		INSURER(S) AFFORDING COVE	NAIC#				
INSURED	INSURER A:	ACE American Insurance	Company	22667			
Arcata-Mad River Ambulance LLC	INSURER B:	Indemnity Insurance Co	43575				
220 F Street Arcata CA 95521 USA	INSURER C:	ACE Fire Underwriters	20702				
	INSURER D:	ERD: Lloyd's Syndicate No. 1729					
	INSÚRER E:						
	INSURER F:						

CERTIFICATE NUMBER: **COVERAGES**

570105116708

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,

INSR LTR	NSR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY			XSLG48900860		03/31/2025	EACH OCCURRENCE	\$2,750,000
		CLAIMS-MADE X OCCUR			SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
İ		 						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$2,750,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,750,000
		OTHER:						SIR	\$250,000
Α	AUT	OMOBILE LIABILITY			ISA H10818345	03/31/2024	03/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	X ANY AUTO							BODILY INJURY (Per person)	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	
		ONLY							
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	2 22
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	
		DED RETENTION							
В		PRICE COMPENSATION AND PLOYERS' LIABILITY			WLRC55519870	03/31/2024	03/31/2025	X PER STATUTE OTH-	
С		Y PROPRIETOR / PARTNER / N	N/A		AOS SCFC55520124	03/31/2024	03/31/2025	E.L. EACH ACGIDENT	\$1,000,000
٠	(Ma	andatory in NH)	N/A		WI	03/31/2021	03/31/2023	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					_		E.L. DISEASE-POLICY LIMIT	\$1,000,000
D		0 - Professional Liability · cess			CSHLC2401663 Ex Prof(Claim Made)/Ex GL SIR applies per policy ter			Per Occ/Agg SIR - Ex Prof SIR - Ex GL	\$15,000,000 \$10,000,000 \$3,000,000

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

The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers in accordance with the policy provisions of the Workers' Compensation policy.

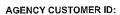
CERTIFICATE HOLDER		
	TE HOLDER	CERTIFICATE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

The County of Humboldt Attn: Risk Management 825 5th Street, Room 131 Eureka CA 95501 USA

Aon Rish Services Central Inc.



570000073826

LOC#:



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AGENCY Aon Risk Services Central, Inc.						NAMED INSURED Arcata-Mad Rivér Ambulance LLC					
POLICY NUMBER See Certificate Numbe 570105116708											
CARRIE	R Certificate Numbe	570105110	5708		NAIC CODE	EFFEC	TIVE DATE:	· · · · · · · · · · · · · · · · · · ·		·	
	ITIONAL REMARKS					<u> </u>					
THIS	ADDITIONAL REMARKS FOR									_	
FORM	M NUMBER: ACORD 25	FORM TIT	LE;	Certificate o	f Liability Insura	ance					
	INSURER(S)	AFFORDIN	IG C	OVERAGE			NAIC#				
INSU	RER										
INSU.	RER										
INSU	RER										
INSU.	RER										
ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POI	LICYNUMBER		POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	HITS	
	WORKERS COMPENSATION						- (MM/DD/1777)				
		N/A		WCUC55520	045		03/31/2024	03/31/2025			
				ОН		y te	rms & condit				
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