

CERTIFICATE OF LIABILITY INSURANCE

DWATTS

DATE (MM/DD/YYYY) 4/17/2020

THEBETT-01

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subje ertificate does not confer rights t							require an endorsemer	nt. As	tatement on
PRODUCER							CONTACT NAME:				
George Petersen Insurance Agency, Inc. P.O. Box 3539						PHONE (A/C, No, Ext): (707) 442-2971 FAX (A/C, No): (707)				442-7281	
Santa Rosa, CA 95402							E-MAIL ADDRESS: info@gpins.com				
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: Nonprofits' Insurance Alliance of California					11384
INSURED					INSURER B : State Compensation Insurance Fund				35076		
The Betty Kwan Chinn Homeless Foundation						INSURER C:					
P O Box 736							INSURER D:				
Eureka, CA 95502						INSURER E:					
							INSURER F:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
		S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F									
		FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH								TO ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	Х	COMMERCIAL GENERAL LIABILITY					, ,	, ,	EACH OCCURRENCE	\$	1,000,000
i		CLAIMS MADE V OCCUP			2040 25255 NDO		0/40/2040	0/40/2020	DAMAGE TO RENTED		500.000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		2019-35255-NPO	9/19/2019	9/19/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						LIQUOR LIABILTY	\$	1,000,000
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			2019-35255-NPO	9/19/2019	9/19/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE			2019-35255-UMB	9/19/2019	9/19/2020	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
В	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				9248047-20	3/27/2020	3/27/2021	E.L. EACH ACCIDENT	\$	1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

The County of Humboldt; its agents, officers, officials, employees and volunteers as named additional insured as respects general liability coverage on a primary and noncontributory basis per attached form NIAC-E61 11 17 .. Cancellation provisions apply per attached forms NIAC-E641012 & 2065.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt Attn: Risk Management 825 Fifth Street, Room 131	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Eureka, CA 95501	AUTHORIZED REPRESENTATIVE
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ENDORSEMENT AGREEMENT CERTIFICATE HOLDERS' NOTICE

Policy #9099012-18

RENEWAL NA

PAGE 1

STATE
COMPENSATION
IN SURANCE
FUND

HOME OFFICE SAN FRANCISCO

EFFECTIVE May 9, 2018 at 12:01 A.M.

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

THE BETTY KWAN CHINN HOMELESS FOU

PO BOX 736 EUREKA, CA 95502

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THIS POLICY SHALL NOT BE CANCELLED UNTIL,

30 DAYS

AFTER WRITTEN NOTICE OF SUCH CANCELLATION HAS BEEN PLACED IN THE MAIL BY STATE FUND TO CURRENT HOLDERS OF CERTIFICATE OF WORKERS' COMPENSATION INSURANCE.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

PRESIDENT AND CEO

AUTHORIZED REPRESENTATIVE SCIF FORM 10217 (REV.7-2014)

OLD DP 217

2065



POLICY NUMBER: 2018-35255

NAMED INSURED: Betty Kwan Chinn Homeless Foundation*

FORM: NIAC-E61 11 17

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

OONEDOLL	
Name of Person or Organization:	

SCHEDIII E

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

- **A.** Section II Who Is An Insured is amended to include any public entity as an additional insured for whom you are performing operations, who may be named in the schedule above, when you have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your negligent acts or omissions; or
 - 2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations:
 - No such public entity is an additional insured for liability arising out of the "products-completed operations hazard" or for liability arising out of the sole negligence of that public entity.
- **B.** With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply. This insurance does not apply to "bodily injury" or "property damage" occurring after:
 - 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - 2. That portion of "your work" out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. The following is added to **SECTION III LIMITS OF INSURANCE**:

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

NIAC-E61 11 17 Page 1 of 2

A Head for Insurance. A Heart for Nonprofits.

POLICY NUMBER: 2018-35255

NAMED INSURED: Betty Kwan Chinn Homeless Foundation*

FORM: NIAC-E61 11 17

D. A. With respect to the insurance provided to the additional insured(s), **Condition 4. Other Insurance of SECTION IV** — **COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

4. Other Insurance

a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

b. Excess Insurance

This insurance is excess over:

- 1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I — COVERAGE A — BODILY INJURY AND PROPERTY DAMAGE.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

NIAC-E61 11 17 Page 2 of 2



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization

City of Eureka County of Humboldt

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.