



# CERTIFICATE OF LIABILITY INSURANCE

10/1/2021

DATE (MM/DD/YYYY)

9/22/2020

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C. No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> 1352730 EXPRESS SERVICES, INC. DBA: EXPRESS EMPLOYMENT PROFESSIONALS 9701 BOARDWALK BOULEVARD OKLAHOMA CITY, OK 73162	<b>INSURER A:</b> New Hampshire Insurance Company		23841
	<b>INSURER B:</b> Zurich American Insurance Company		16535
	<b>INSURER C:</b> American Guarantee and Liab. Ins. Co.		26247
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES** EXPSE01 **CERTIFICATE NUMBER:** 14579475 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STAFFING SERVICE GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PRA5854213-08	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PRA5854213-08	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	UMB5498877-08	10/1/2020	10/1/2021	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SEE ATTACHED POLICY #S	10/1/2020	10/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>CRIME/FIDELITY STAFFING E&amp;O COVERAGE</b>	N	N	PRA5854213-08	10/1/2020	10/1/2021	CRIME/FIDELITY: 5,000,000 AGG E&O OCC/AGG: 5,000,000

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

ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.

\*\*PLEASE SEE ATTACHED\*\*

**CERTIFICATE HOLDER****CANCELLATION** See Attachment

**14579475**  
 NORTH COAST SUBSTANCE ABUSE COUNCL, INC.  
 ATTN: WESLEY HARRISON  
 1205 MYRTLE AVENUE  
 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

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LOCATION: 2859 - EUREKA CA / TYPE OF COMPANY: DRUG AND ALCOHOL NON PROFIT / JOB DESCRIPTION: VARIOUS ADMINISTRATIVE POSITIONS INCLUDING BOOKKEEPER, ADMINISTRATIVE ASSISTANT AND NIGHT SHIFT STAFF. NORTH COAST SUBSTANCE ABUSE COUNCL, INC. IS LISTED AS AN ADDITIONAL INSURED AS RESPECTS TO WORK PERFORMED BY TEMPORARY ASSOCIATES, AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT, EXCEPT FOR NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC.. ADDITIONAL INSURED DOES NOT APPLY TO WC, E&O OR FIDELITY. ALL POLICIES SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC. EXCEPT FOR LIABILITY ARISING OUT OF NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC., AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT.

**Express Services, Inc.**  
**Workers Compensation Policy Schedule:**  
**Policy periods: 10/1/20-21**

**New Hampshire Insurance Company**  
Policy No. WC 045886796  
NAIC# 23841  
States Covered: MA, ND, WI, WY

**AIU Insurance Company**  
Policy No. WC 045886797  
NAIC# 19399  
States Covered: AK, AL, AR, AZ, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV

**AIU Insurance Company**  
Policy No. WC 045886798  
NAIC# 19399  
States Covered: CA

**AIU Insurance Company**  
Policy No. WC 045886799  
NAIC# 19399  
States Covered: FL