

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2025

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).											
PRODUCER						CT Amanda B	arraza				
Arthur J. Gallagher Risk Management Services, LLC					NAME: Amanda Barraza PHONE (A/C, No, Ext): 760-352-2614 FAX (A/C, No, Ext): 760-352-2614			760-337	7-8428		
El Centro CA 92243						(A/C, No, Ext): 700-332-2014 (A/C, No): 700-337-0420 E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: Midwest Employers Casualty Company					23612	
Imperial County Office of Education					INSURER B:						
1398 Sperber Řd., Bldg B, 2 FL					INSURER C:						
El Centro CA 92243					INSURER D : INSURER E :						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 888829057								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.											
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3		
-	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$		
-	CLAIMS-MADE OCCUR								\$		
İ								` , , , ,	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						•		\$		
	POLICY PRO- JECT LOC								\$		
	OTHER: AUTOMOBILE LIABILITY							OOMBINED ONIOLE LIMIT	\$		
-								(Ea accident)	-		
	ANY AUTO OWNED SCHEDULED							` ' /	\$		
	AUTOS ONLY AUTOS							DDODEDT//DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE						•		\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION			EWC010415		7/1/2025	7/1/2027	X PER OTH-ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
	BESSELL HOLLOW STEWN THE S							2.2. 3.02.7.02	<u> </u>		
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DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Excess Workers' Compensation and Employers Liability Policy (1) Policy Part One, Workers' Compensation: Statutory (2) Policy Part Two, Employer's Liability: \$1,000,000 Each Occurrence/\$1,000,000 Aggregate Library: Humboldt County Library Waiver of Subrogation applies, Endorsement attached. Should any of the above-described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to main 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.											
CERTIFICATE HOLDER					CANCELLATION						
Humboldt County Library 2400 Stevenson Blvd.					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						
Fremont CA 94538											





Endorsement Effective: 07/01/2025
Policy No.: EWC010415

Named Insured: Imperial County Office of Education

Waiver of Subrogation by Written Contract Surcharge Endorsement

In the event that you have waived your right to subrogation against a third party under the terms of a written contract entered into by you prior to the date of injury to your Employee for whom you have paid Loss, we will also waive any right of subrogation we have against that third party, but only with respect to said Loss, and only if our waiver is required by the written contract.

All other parts of Section K. Recovery, of Part Four – Claims of this Policy remain in effect and are unchanged by this endorsement.

In consideration for coverage provided under this endorsement, a \$0 surcharge will apply.

Countersigned MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative Secretary President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

ISI-265 (8-13) Date Printed: 07/14/2025