



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2022

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 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 Phone (510) 233-2600 Fax (510) 235-3522

NEK INSURANCE, INC.
PO BOX 809
EL CERRITO CA 94530

CONTACT NAME NEK INSURANCE, INC.

PHONE (A/C, No., Ext.) (510) 233-2600

FAX (A/C, No.) (510) 235-3522

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

Agency Lic# 0350715

INSURED
DAVIS GUEST HOME, INC.
1878 EAST HATCH ROAD
MODESTO CA 95351

INSURER A KINSALE INS. CO. / WORLDWIDE FACILITIES

INSURER B NATIONAL LIABILITY & FIRE INS CO / MAVERICK

INSURER C

INSURER D

INSURER E

INSURER F

COVERAGES

CERTIFICATE NUMBER: 91694

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			0100145775-1	04/01/22	04/01/23	EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED. EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COM/PROP AGG \$ INCLUDED
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH CLAIM LIMIT \$ 1,000,000
B	AUTOMOBILE LIABILITY			73APS105362	04/01/22	04/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						Wc STATUTORY LIMITS OTH ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E L EACH ACCIDENT \$
	(Mandatory in NH)						E L DISEASE-EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE-POLICY LIMIT \$
A	PROFESSIONAL LIABILITY			0100145775-1	04/01/22	04/01/23	EACH CLAIM/AGGR 1,000,000/3,000,000
B	EXCESS AUTO LIABILITY			72XAS007434	04/01/22	04/01/23	LIABILITY LIMIT \$2,000,000

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS PER FORM AHL5001 & M5887.

RE: 1878 EAST HATCH ROAD, MODESTO, CA / 1900 EAST HATCH ROAD, MODESTO, CA / 1628 NADINE AVENUE, MODESTO, CA / 1552 OHIO AVENUE, MODESTO, CA / 2405 MAUNA LOA DRIVE, CERES, CA & 1209 N. CENTRAL AVENUE, MODESTO, CA / 1232 NADINE AVENUE, MODESTO, CA / 5348 KIERNAN AVENUE, SALIDA, CA

CERTIFICATE HOLDER

CANCELLATION

HUMBOLDT COUNTY HEALTH & HUMAN SERVICES
DHHS - MENTAL HEALTH
720 WOOD STREET
EUREKA, CA 95501-4482

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

Attention: MENTAL HEALTH DIRECTOR

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - SCHEDULED

Attached To and Forming Part of Policy 0100145775-1	Effective Date of Endorsement 04/01/2022 12:01AM at the Named Insured address shown on the Declarations	Named Insured Davis Guest Home Inc
Additional Premium: \$0	Return Premium: \$0	

This endorsement modifies insurance provided under the following:

ALLIED HEALTH GENERAL LIABILITY COVERAGE

SCHEDULE

Name and Address of Additional Insured(s):
County of Sonoma, its officers, agents, and employees, Attn: DHS - Contract & Board Item Development, 3313 Chante Road, Santa Rosa, CA 95404
Solano County Mental Health, 275 Beck Avenue MS 5-250, Fairfield, CA 94533-6804
Santa Barbara County, 300 N San Antonio Road, BLDG 3, Santa Barbara, CA 93110
County of Tuolumne Behavioral Health Department C/O Human Services Agency, 20075 Cedar Road North, Sonora, CA 95370
Mariposa County Department of Human Services, PO Box 99, Mariposa, CA 95338
San Luis Obispo County Behavioral Health Services, 2180 Johnson Avenue, 2nd Floor, San Luis Obispo, CA 93401
Amador County Behavioral Health Department, 810 Court Street, Jackson, CA 95642
County of Monterey, its officers, agents and employees, 1270 Natividad Road, Salinas, CA 93906
Tehama County Health Services Agency, PO Box 400, Red Bluff, CA 96080-0400
Modoc County Mental Health Services 411 North Main Street, Alturas, CA 96101
Siskiyou County Behavioral Health Services 2060 Campus Drive, Yreka, CA 96097-9538
Santa Cruz County Department of Mental Health, Health Services Agency, 1080 Emeline Avenue, Santa Cruz, CA 95061
San Mateo County Mental Health Services, 225 W 37th Avenue, San Mateo, CA 94403-4342
County of Napa, its officers, employees, agents, and volunteers, 2261 Elm Street, Napa, CA 94559-3721
County of Lake Behavioral Health Department, PO Box 1024, Lucerne, CA 95458
Del Norte County Department of Health & Human Services, 880 Northcrest Drive, Crescent City, CA 95531
Merced County Department of Mental Health, PO Box 2087, Merced, CA 95344
Mendocino County Mental Health BHRS, 1120 S Dora Street, Ukiah, CA 95482
Marin County Community Mental Health Services, 20 N San Pedro, Suite 2028, San Rafael, CA 94903
Madera County Public Guardian Behavioral Health Services, PO Box 1288, Madera, CA 93639-1288
Lassen County Behavioral & Public Health, Mental Health Division, 555 Hospital Lane, Susanville, CA 96130
County of Colusa Department of Behavioral Health, 162 E Carson Street. Suite A, Colusa, CA 95932
Humboldt County Health & Human Services, DHHS - Mental Health, 720 Wood Street, Eureka, CA 95501-4482
Stanislaus County Behavioral Health & Recovery Services, 800 Scenic Drive, Modesto, CA 95350-6131
Alameda County, BHCS, Insurance Coordinator, 1900 Embarcadero, Suite 205 Oakland, CA 94606
Tulare County Health and Human Services Agency, 5957 S Mooney Boulevard, Visalia, CA 93277-9394
San Joaquin County, 44 N San Joaquin Street, Suite 540, Stockton, CA 95202
County of Placer, its officers agents, employees and volunteers, 11512 B avenue, Auburn, CA 95603-2605

- A. **SECTION II - WHO IS AN INSURED** is amended to include the person or organization shown in the above Schedule as an Additional Insured, but only for the vicarious liability imposed on the Additional Insured, provided that such liability is caused by the sole negligent conduct of the "named insured" and is proximately caused by "your work" for the Additional Insured.

However:

1. The insurance afforded to such Additional Insured only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the written contract to provide for such Additional Insured.

B. The insurance provided to the Additional Insured under this endorsement is limited as follows:

1. This coverage does not apply to "bodily injury" or "property damage":
 - a. Arising out of the sole negligence of the Additional Insured or any employees of the Additional Insured;
 - b. To any "employee" of the "named insured" or to any obligation of the Additional Insured to indemnify another because of "damages" arising out of such injury.
2. Where there is no duty to defend the "named insured", there is no duty to defend the Additional Insured. Where there is no duty to indemnify the "named insured", there is no duty to indemnify the Additional Insured.
3. A person's or organization's status as an Additional Insured under this endorsement ends when "your work" for that Additional Insured is completed.

C. With respect to the insurance afforded to the Additional Insured, the following is added to **SECTION III – LIMITS OF INSURANCE AND DEDUCTIBLE:**

The most we will pay on behalf of the Additional Insured is the amount of insurance:

1. Required by the written contract; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

D. Duties of the Additional Insured in the event of claim or "suit":

1. The Additional Insured must promptly give notice of a claim which is made or a "suit" to any other insurer which has insurance for a loss to which this insurance may apply.
2. The Additional Insured must promptly tender the defense of any claim made or "suit" to any other insurer which also issued insurance to the Additional Insured as a Named Insured or to which the Additional Insured may qualify as an Additional Insured for a loss to which this insurance may apply.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY

Attached To and Forming Part of Policy 0100145775-1	Effective Date of Endorsement 04/01/2022 12:01AM at the Named Insured address shown on the Declarations	Named Insured Davis Guest Home Inc
Additional Premium: \$0	Return Premium: \$0	

This endorsement modifies insurance provided under the following:

ALLIED HEALTH GENERAL LIABILITY COVERAGE

SCHEDULE

Name and Address of Additional Insured(s):
County of Sonoma, its officers, agents, and employees, Attn: DHS - Contract & Board Item Development, 3313 Chante Road, Santa Rosa, CA 95404
Solano County Mental Health, 275 Beck Avenue MS 5-250, Fairfield, CA 94533-6804
Santa Barbara County, 300 N San Antonio Road, BLDG 3, Santa Barbara, CA 93110
County of Tuolumne Behavioral Health Department C/O Human Services Agency, 20075 Cedar Road North, Sonora, CA 95370
Mariposa County Department of Human Services, PO Box 99, Mariposa, CA 95338
San Luis Obispo County Behavioral Health Services, 2180 Johnson Avenue, 2nd Floor, San Luis Obispo, CA 93401
Amador County Behavioral Health Department, 810 Court Street, Jackson, CA 95642
County of Monterey, its officers, agents and employees, 1270 Natividad Road, Salinas, CA 93906
Tehama County Health Services Agency, PO Box 400, Red Bluff, CA 96080-0400
Modoc County Mental Health Services 411 North Main Street, Alturas, CA 96101
Siskiyou County Behavioral Health Services 2060 Campus Drive, Yreka, CA 96097-9538
Santa Cruz County Department of Mental Health, Health Services Agency, 1080 Emeline Avenue, Santa Cruz, CA 95061
San Mateo County Mental Health Services, 225 W 37th Avenue, San Mateo, CA 94403-4342
County of Napa, its officers, employees, agents, and volunteers, 2261 Elm Street, Napa, CA 94559-3721
County of Lake Behavioral Health Department, PO Box 1024, Lucerne, CA 95458
Del Norte County Department of Health & Human Services, 880 Northcrest Drive, Crescent City, CA 95531
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Mendocino County Mental Health BHRS, 1120 S Dora Street, Ukiah, CA 95482
Marin County Community Mental Health Services, 20 N San Pedro, Suite 2028, San Rafael, CA 94903
Madera County Public Guardian Behavioral Health Services, PO Box 1288, Madera, CA 93639-1288
Lassen County Behavioral & Public Health, Mental Health Division, 555 Hospital Lane, Susanville, CA 96130
County of Colusa Department of Behavioral Health, 162 E Carson Street. Suite A, Colusa, CA 95932
Humboldt County Health & Human Services, DHHS - Mental Health, 720 Wood Street, Eureka, CA 95501-4482
Stanislaus County Behavioral Health & Recovery Services, 800 Scenic Drive, Modesto, CA 95350-6131
Alameda County, BHCS, Insurance Coordinator, 1900 Embarcadero, Suite 205 Oakland, CA 94606
Tulare County Health and Human Services Agency, 5957 S Mooney Boulevard, Visalia, CA 93277-9394
San Joaquin County, 44 N San Joaquin Street, Suite 540, Stockton, CA 95202
County of Placer, its officers agents, employees and volunteers, 11512 B avenue, Auburn, CA 95603-2605

- A. **SECTION II- WHO IS AN INSURED** is amended to include any person or organization shown in the above Schedule as an Additional Insured, but only for the vicarious liability imposed on the Additional Insured provided that such liability is caused by the sole negligent conduct of the "named insured" and is proximately caused by "your work" or "your product" for the Additional Insured.

However:

1. The insurance afforded to such Additional Insured only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the written contract to provide for such Additional Insured.

B. The insurance provided to the Additional Insured under this endorsement is limited as follows:

1. The insurance provided to the Additional Insured shall be excess with respect to any other valid and collectible insurance available to the Additional Insured, unless the written contract specifically requires that this insurance apply on a primary and noncontributory basis, in which case this insurance shall be primary.
2. This insurance does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" included in the "products-completed operations hazard" unless you are required to provide such insurance by written contract. If required, then insurance is provided only for "bodily injury" or "property damage" that occurs during the "policy period" arising out of "your work" or "your product".
3. Where there is no duty to defend the "named insured", there is no duty to defend the Additional Insured. Where there is no duty to indemnify the "named insured", there is no duty to indemnify the Additional Insured.
4. This insurance does not apply to "bodily injury" or "property damage" arising out of:
 - a. The sole negligence of the Additional Insured or any employee of the Additional Insured; or
 - b. Any obligation of the Additional Insured to indemnify another because of "damages" arising out of such injury or damage.

C. With respect to the insurance afforded to the Additional Insured, the following is added to **SECTION III – LIMITS OF INSURANCE AND DEDUCTIBLE**:

The most we will pay on behalf of the Additional Insured is the amount of insurance:

1. Required by the written contract; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

D. Duties of the Additional Insured in the event of claim or "suit":

1. The Additional Insured must promptly give notice of a claim which is made or a "suit" to any other insurer which has insurance for a loss to which this insurance may apply.
2. The Additional Insured must promptly tender the defense of any claim made or "suit" to any other insurer which also issued insurance to the Additional Insured as a Named Insured or to which the Additional Insured may qualify as an Additional Insured for a loss to which this insurance may apply.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM

SCHEDULE – ADDITIONAL INSURED:

**Humboldt County Health & Human Services
720 Wood Street
Eureka, CA 95501**

A. In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to include the additional insured named herein, provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered "auto"; and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such insurance does not apply if the additional insured is subject to motor carrier insurance requirements and is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are being used exclusively in the additional insured's business and pursuant to operating rights granted to the additional insured by a public authority.

B. The insurance afforded to such additional insured:

- 1) Applies only to the extent permitted by law; and
- 2) Will not be broader than that which you are required by a contract or agreement to provide for such additional insured.

C. The most we will pay on behalf of the additional insured is the lesser of the amount of insurance:

- 1) That you are required by a contract or agreement to provide for such additional insured; or
- 2) That is available under the applicable Limits of Insurance shown in the Declarations.

All other terms, conditions and agreements remain unchanged.

Additional Premium: \$ 0

Company Name National Liability & Fire Insurance Company	Policy Number 73 APS 105362
	Endorsement Effective 04/01/2022 12:01 AM
Named Insured DAVIS GUEST HOME INC	Countersigned by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)