

Keenan & Associates
1111 Broadway, Suite 2000
Oakland, CA 94607

MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline**TM

County of Humboldt
Attn: Risk Manager
825 Fifth Street, Room 131
Eureka CA 95501

Sender: Robyn Tryon

Phone: 510-986-6750

Subject: Cert No. 50449852 - Certificate of Coverage:
Humboldt County Office Of Education - County of
Humboldt

Date: 8/6/2019

No. of Pages: 4

URL: www.keenan.com

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The attached document(s) contain certification of insurance coverage for the insured named in the subject above. Your company is listed as the organization requesting receipt of these documents.

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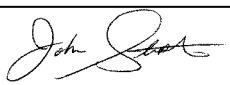
ADMINISTRATOR: Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607 510-986-6750 www.keenan.com	LICENSE # 0451271 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS BELOW. ENTITIES AFFORDING COVERAGE: ENTITY A: Northern California ReLiEF ENTITY B: Protected Insurance Program for Schools ENTITY C: ENTITY D: ENTITY E:
COVERED PARTY: Humboldt County Office Of Education North Coast SIG 901 Myrtle Avenue Eureka CA 95501	

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/>	NCR 00104-33	7/1/2019 7/1/2020	\$ 25,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	NCR 00104-33	7/1/2019 7/1/2020	\$ 25,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	NCR 00104-33	7/1/2019 7/1/2020	\$ 25,000	\$ 250,250,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR 00104-33	7/1/2019 7/1/2020	\$ 25,000	\$ Included EACH OCCURRENCE
B	WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	PIPS 00143-16	7/1/2019 7/1/2020	\$	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	OTHER			\$ \$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:
 As respects to the agreement between the County of Humboldt and the Humboldt County Office of Education for the Professional Services Agreement through the coverage expiration date.

 \$4,000,000 annual aggregate as per contract agreement under Professional Liability.

CERTIFICATE HOLDER: County of Humboldt Attn: Risk Manager 825 Fifth Street, Room 131 Eureka CA 95501	CANCELLATION..... SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES. <div style="text-align: right;">  John Stephens AUTHORIZED REPRESENTATIVE </div>
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DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

ENDORSEMENT

ADDITIONAL COVERED PARTY

<p>COVERED PARTY Humboldt County Office Of Education North Coast SIG</p>	<p>COVERAGE DOCUMENT NCR 00104-33</p>	<p>ADMINISTRATOR Keenan & Associates</p>
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Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

County of Humboldt
Attn: Risk Manager
825 Fifth Street, Room 131
Eureka CA 95501

As Respects:

As respects to the agreement between the County of Humboldt and the Humboldt County Office of Education for the Professional Services Agreement through the coverage expiration date. \$4,000,000 annual aggregate as per contract agreement under Professional Liability.

The County of Humboldt and its agents, officers, officials, employees and volunteers are included as an Additional Covered Party. This coverage shall be Primary to the Certificate Holder's coverage and the Certificate Holder's coverage shall be noncontributory.



Authorized Representative

Issue Date: 8/6/2019



PIPS Waiver of Our Right to Recover From Others Endorsement

Covered Party		Endorsement Number	
North Coast SIG/Humboldt County Office Of Education		102	
Memorandum of Coverage #	Memorandum of Coverage Period	Effective Date of Endorsement	
PIPS0014316	7/1/2019 - 7/1/2020	7/1/2019	12:01 AM
Issued By (Name of Entity)			
Protected Insurance Program for Schools			

Workers' Compensation and Employers' Liability Policy

This endorsement applies only to the coverage provided by the Memorandum of Coverage. We have the right to recover our payments from anyone liable for an injury covered by this Memorandum of Coverage. We will not enforce our right against the person or organization name in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

Schedule

Specific Waiver - Name of Person or Organization:

County of Humboldt
 Attn: Risk Manager
 825 Fifth Street, Room 131
 Eureka, CA 95501

Operations:

As respects to the agreement between the County of Humboldt and the Humboldt County Office of Education for the Professional Services Agreement through the coverage expiration date.

Contribution:

There is no contribution charged for this endorsement.

Authorized Agent