

WC-3075

**CERTIFICATE OF COVERAGE**

08/10/2020

**PUBLIC RISK INNOVATION,  
SOLUTIONS AND MANAGEMENT**

**C/O ALLIANT INSURANCE SERVICES, INC.**  
**PO BOX 6450**  
**NEWPORT BEACH, CA 92658-6450**  
 PHONE (949) 756-0271 / FAX (619) 699-0901  
 LICENSE #0C36861

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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

IMPORTANT: If the certificate holder is requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE  
AFFORDED BY: **A - See attached schedule of insurers**

**Member:**

HUMBOLDT COUNTY  
 ATTN: RISK MANAGEMENT DIVISION  
 825 FIFTH STREET  
 EUREKA, CA 95501-1172

COVERAGE  
AFFORDED BY: **B**

COVERAGE  
AFFORDED BY: **C**

COVERAGE  
AFFORDED BY: **D**

**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER 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 BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.

CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	See attached Schedule of Insurers for policy numbers	07/01/2020	07/01/2021	WORKERS' COMPENSATION: Statutory  EMPLOYERS' LIABILITY: \$5,000,000

**LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.****Description of Operations/Locations/Vehicles/Special Items:**

AS RESPECTS EVIDENCE OF COVERAGE AGREEMENT BETWEEN HUMBOLDT COUNTY AND HELUNA HEALTH FOR FUNDING TO ENHANCE CAPACITY TO CONDUCT TESTING AND CONTRACT TRACING FOR COVID-19.

**Certificate Holder**

HELUNA HEALTH  
 13300 CROSSROADS PARKWAY NORTH, SUITE 450  
 CITY OF INDUSTRY, CA 91746

**Cancellation**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.

**AUTHORIZED REPRESENTATIVE**


Public Risk Innovation, Solutions and Management



**PUBLIC RISK INNOVATION, SOLUTIONS AND MANAGEMENT**  
**WORKERS' COMPENSATION PROGRAM**  
**2020/2021 SCHEDULE OF INSURERS**  
**HUMBOLDT COUNTY**

PROVIDER	POLICY NUMBER	LIMIT
Public Risk Innovation, Solutions and Management	PRISM 20 PWC-05	Workers' Compensation and Employers Liability: \$125,000 each accident/each employee for disease
Public Risk Innovation, Solutions and Management	PRISM 20 EWC-05	Workers' Compensation: \$50,000,000 each accident/each employee for disease (Difference between \$50,000,000 and the individual member's retention)  Employers' Liability: \$5,000,000 each accident/each employee for disease (Difference between \$5,000,000 and the individual member's retention)
Liberty Insurance Corporation	EWC-444785-020	Statutory each accident/each employee for disease excess of \$50,000,00