



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2019

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><br>Arthur J. Gallagher & Co.<br>Insurance Brokers of CA. LIC. # 0726293<br>505 N Brand Blvd, Suite 600<br>Glendale CA 91203 | <b>CONTACT NAME:</b> Star Metry<br><b>PHONE (A/C, No, Ext):</b> 818.539.8623<br><b>E-MAIL ADDRESS:</b> Star_Metry@ajg.com | <b>FAX (A/C, No):</b> 818.539.8723 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    |
| <b>INSURED</b> NATICOU-21<br>National Council on Crime and Delinquency<br>520 3rd Street<br>Oakland, CA 94607                               | <b>INSURER A:</b> Philadelphia Indemnity Insurance Company  | <b>NAIC #</b> 18058                |
|   | <b>INSURER B:</b> Oak River Insurance Company   | 34630                              |
|   | <b>INSURER C:</b> BCS Insurance Company   | 38245                              |
|   | <b>INSURER D:</b>   |                                    |
|   | <b>INSURER E:</b>   |                                    |
|   | <b>INSURER F:</b>   |                                    |

**COVERAGES**

CERTIFICATE NUMBER: 1967294631

REVISION NUMBER:

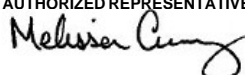
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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   | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                        |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | PHPK1897734     | 10/14/2018              | 10/14/2019              | EACH OCCURRENCE  | \$ 1,000,000           |
|          |   |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 100,000             |
|          |   |           |          |                 |                         |                         | MED EXP (Any one person)   | \$ 5,000               |
|          |   |           |          |                 |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000           |
|          |   |           |          |                 |                         |                         | GENERAL AGGREGATE  | \$ 2,000,000           |
|          |   |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000           |
|          |   |           |          |                 |                         |                         | Employee Benefits  | \$ 1M Each/\$1M Agg    |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | PHPK1897734     | 10/14/2018              | 10/14/2019              | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000           |
|          |   |           |          |                 |                         |                         | BODILY INJURY (Per person)   | \$                     |
|          |   |           |          |                 |                         |                         | BODILY INJURY (Per accident)   | \$                     |
|          |   |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident)   | \$                     |
|          |   |           |          |                 |                         |                         |  | \$                     |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | PHUB651841      | 10/14/2018              | 10/14/2019              | EACH OCCURRENCE  | \$ 9,000,000           |
|          |   |           |          |                 |                         |                         | AGGREGATE  | \$ 9,000,000           |
|          |   |           |          |                 |                         |                         |  | \$                     |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       |          | NAWC907776      | 10/14/2018              | 10/14/2019              | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER |                        |
|          |   | N/A       |          |                 |                         |                         | E.L. EACH ACCIDENT   | \$ 1,000,000           |
|          |   |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000           |
|          |   |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000           |
| A        | Professional Liability  |           |          | PHPK1897734     | 10/14/2018              | 10/14/2019              | Per Claim \ Aggregate  | \$1M Each/\$2M Agg     |
| C        | Cyber Liability   |           |          | RPS-P-50135909M | 10/14/2018              | 10/14/2019              | Per Claim Retention  | \$5,000,000<br>\$5,000 |

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

Crime Coverage -  
 Policy#: PHSD1389350  
 Carrier: Philadelphia Indemnity Insurance Company  
 Policy Dates: 10/14/2018 - 10/14/2019  
 Employee theft: Limit:\$500,000 ,Deductible:\$10,000  
 ERISA: Limit:\$500,000  
 Forgery or Alteration: Limit:\$500,000 ,Deductible:\$10,000  
 Theft of money and securities: Limit:\$100,000 ,Deductible:\$5,000  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| County of Humboldt<br>Attn: Risk Management<br>825 Fifth Street, Room 131<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

|                                     |           |   |  |
|-------------------------------------|-----------|---|--|
| AGENCY<br>Arthur J. Gallagher & Co. |           | NAMED INSURED<br>National Council on Crime and Delinquency<br>520 3rd Street<br>Oakland, CA 94607 |  |
| POLICY NUMBER                       |           | EFFECTIVE DATE:   |  |
| CARRIER                             | NAIC CODE | (Empty)   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Money and Securities: Limit:\$100,000 ,Deductible:\$5,000  
 Money orders and counterfeit paper currency: Limit:\$100,000 ,Deductible:\$5,000  
 Computer and Funds Transfer Fraud (Other): Limit:\$100,000 ,Deductible:\$5,000

The COUNTY, its agents, officers, officials, employees and volunteers are named additional insured with respect to the operations of the named insured. Waiver of Subrogation on workers compensation applies in favor of certificate holder.

Such insurance is Primary and Non-Contributory. Separation of Insureds applies as respects General Liability Coverage subject to the policy terms and conditions.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT- CALIFORNIA  
BLANKET BASIS**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this endorsement shall be 2% of the total manual premium otherwise due on such remuneration. The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

**BLANKET WAIVER**

**Person/Organization** Blanket Waiver – Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

| <b>Job Description</b> | <b>Waiver Premium</b> |
|------------------------|-----------------------|
| All CA Operations      | 236.00                |

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

|                       |                             |            |            |                 |
|-----------------------|-----------------------------|------------|------------|-----------------|
| Endorsement Effective | 10/14/2018                  | Policy No. | NAWC907776 | Endorsement No. |
| Insured               |                             |            |            | Premium \$      |
| Insurance Company     | Oak River Insurance Company |            |            |                 |

Countersigned by \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| Name Of Additional Insured Person(s)<br>Or Organization(s)   | Location(s) Of Covered Operations   |
|--|-------------------------------------|
| The COUNTY, its agents, officers, officials, employees and volunteers                                  | All Insured Premises and Operations |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |                                     |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.