



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2025

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).

|  |  |   |  |               |
|--|--|---|--|---------------|
| <b>PRODUCER</b><br>Pauli-Shaw Insurance Agency<br>627 7th Street<br>Arcata CA 95521    |  | <b>CONTACT NAME:</b> Laura Knight<br><b>PHONE (A/C, No, Ext):</b> 707-822-7251<br><b>FAX (A/C, No):</b> 707-826-9021<br><b>E-MAIL ADDRESS:</b> laura@pauli-shaw.com |  |               |
| <b>INSURED</b><br>Southern Trinity Area Rescue, Inc.<br>PO Box 4<br>Mad River CA 95552 |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
|  |  | INSURER A: Arch Specialty Insurance Company   |  | 21199         |
|  |  | INSURER B: State Compensation Insurance Fund of California  |  | 35076         |
|  |  | INSURER C:  |  |               |
|  |  | INSURER D:  |  |               |
|  |  | INSURER E:  |  |               |
|  |  | INSURER F:  |  |               |

**COVERAGES****CERTIFICATE NUMBER:** 1970374704**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><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         |          | MEPK10486100  | 4/1/2025                | 4/1/2026                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 10,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                     | Y         |          | MEPK10486100  | 4/1/2025                | 4/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS<br>OCCUR<br>CLAIMS-MADE   |           |          | MEUM09377200  | 4/1/2025                | 4/1/2026                | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 4,000,000<br>\$   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 9377888-25    | 4/1/2025                | 4/1/2026                | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |

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

Re: Ambulance Service Permit  
When required by written contract or agreement the following may apply:  
Additional Insured  
Waiver of Subrogation  
When available, form(s) may be attached.

**CERTIFICATE HOLDER****CANCELLATION**

County of Humboldt Dept of Public Health  
529 I Street  
Eureka CA 95501  
USA

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

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| <b>PRODUCER</b><br>Pauli-Shaw Insurance Agency<br>627 7th Street<br>Arcata CA 95521    |  | <b>CONTACT</b><br>NAME: Laura Knight<br>PHONE (A/C, No, Ext): 707-822-7251<br>FAX (A/C, No): 707-826-9021<br>E-MAIL: laura@pauli-shaw.com<br>ADDRESS: |  |               |
| <b>INSURED</b><br>Southern Trinity Area Rescue, Inc.<br>PO Box 4<br>Mad River CA 95552 |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
|  |  | INSURER A: Arch Specialty Insurance Company   |  | 21199         |
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|  |  | INSURER C:  |  |               |
|  |  | INSURER D:  |  |               |
|  |  | INSURER E:  |  |               |
|  |  | INSURER F:  |  |               |

### COVERAGES

CERTIFICATE NUMBER: 393977146

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><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | MEPK10486100  | 4/1/2025                | 4/1/2026                | 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                         | \$ 10,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 10,000,000 |
|          |  |           |          |               |                         |                         |   | \$            |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | MEPK10486100  | 4/1/2025                | 4/1/2026                | 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 type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          | MEUM09377200  | 4/1/2025                | 4/1/2026                | EACH OCCURRENCE                           | \$ 2,000,000  |
|          |  |           |          |               |                         |                         | AGGREGATE                                 | \$ 4,000,000  |
|          |  |           |          |               |                         |                         |   | \$            |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | 9377888-25    | 4/1/2025                | 4/1/2026                | PER STATUTE                               | OTH-ER        |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 1,000,000  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000  |

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

Re: Measure Z Funding Grant.

When required by written contract or agreement the following apply subject to endorsement:

Additional Insured - County of Humboldt, its agents, officers, officials, employees and volunteers

Primary Wording

Waiver of Subrogation

When available, form(s) may be attached.

### CERTIFICATE HOLDER

### CANCELLATION

County of Humboldt  
Attn: Risk Management  
825 5th Street, Rm 131  
Eureka CA 95501  
USA

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

*Joshua M. Martin*

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