

## 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.

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). CONTACT Laura Knight
PHONE
(A/C, No, Ext): 707-822-7251 Pauli-Shaw Insurance Agency FAX (A/C, No): 707-826-9021 627 7th Street ADDRESS: laura@pauli-shaw.com Arcata CA 95521 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Arch Specialty Insurance Company 21199 SOUTTRI-02 INSURED INSURER B: State Compensation Insurance Fund of California 35076 Southern Trinity Area Rescue, Inc. INSURER C: PO Box 4 Mad River CA 95552 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY TYPE OF INSURANCE POLICY NUMBER LTR X COMMERCIAL GENERAL LIABILITY MEPK10486100 Α 4/1/2025 4/1/2026 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$ 5.000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER; GENERAL AGGREGATE \$10,000,000 PRO-JECT X POLICY PRODUCTS - COMP/OP AGG \$10,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 **AUTOMOBILE LIABILITY** MEPK10486100 4/1/2025 4/1/2026 Α X ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY X UMBRELLA LIAB MEUM09377200 4/1/2025 4/1/2026 EACH OCCURRENCE \$ 2,000,000 OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$4,000,000 RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 4/1/2026 9377888-25 4/1/2025 STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 1,000,000 NIA (Mandatory In NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 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: Ambulance Service Permit When required by written contract or agreement the following may apply: Addillonal Insured Waiver of Subrogation When available, form(s) may be attached. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. County of Humboldt Dept of Public Health 529 | Street Eureka CA 95501 AUTHORIZED REPRESENTATIVE USA

work comp



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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).

If SUBROGATION IS WAIVED, subject to the terms and conditions or this certificate does not confer rights to the certificate holder in lieu o	uch endorsement(s).	juire an endorsement. A st	atement on
PRODUCER	CONTACT NAME: Laura Knight		
Pauli-Shaw Insurance Agency 627 7th Street	PHONE (A/C, No): 707-826-9021		
Arcata CA 95521	E-MAIL ADDRESS: laura@pauli-shaw.com		
	INSURER(S) AFFORDI	NG COVERAGE	NAIC#
	INSURER A: Arch Specialty Insurance Company		21199
INSURED SOUTTR	INSURER B: State Compensation Ins	urance Fund of California	35076
Southern Trinity Area Rescue, Inc. PO Box 4	INSURER C:		
Mad River CA 95552	INSURER D:		
	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER: 393977146	RE	VISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW I INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOLEXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HA	OF ANY CONTRACT OR OTHER DOI ED BY THE POLICIES DESCRIBED I	CUMENT WITH RESPECT TO V	WHICH THIS
INSR ADDLISUBR LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY Y Y MEPK10486100	11440000 11440000	ACH OCCURRENCE \$ 1,000	.000
CLAIMS-MADE X OCCUR	D/	AMAGE TO RENTED REMISES (Ea occurrence) \$ 100,0	
	ME	ED EXP (Any one person) \$ 5,000	
	PE	ERSONAL & ADVINJURY \$1,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:	GE	ENERAL AGGREGATE \$ 10,00	0,000
X POLICY PRO-	PF	RODUCTS - COMP/OP AGG   \$ 10,00	0,000
OTHER:		SMBINED SINGLE LIMIT \$ 1 000	000
A AUTOMOBILE LIABILITY MEPK10486100	4/ 1/2020 4/ 1/2020 (E	a accident)	.000
X ANY AUTO OWNED SCHEDULED		DDILY INJURY (Per person) \$	Wh
AUTOS ONLY   AUTOS     i		DDILY INJURY (Per accident) \$	
HIRED AUTOS ONLY AUTOS ONLY	( <del>p</del> )	ROPERTY DAMAGE \$ er accident)	
	4/4/00005	\$	
A X UMBRELLALIAB OCCUR MEUM09377200	]	CH OCCURRENCE \$ 2,000,	
EXCESS LIAB CLAIMS-MADE	AG	GREGATE \$4,000	000
DED   RETENTION\$   WORKERS COMPENSATION   Y 9377888-25	46 0005 46 0006	PER OTH-	
AND EMPLOYERS' LIABILITY	4/1/2025 4/1/2026	1 7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		EACH ACCIDENT \$ 1,000,	
(Mandatory In NH)  If yes, describe under	I I	DISEASE - EA EMPLOYEE \$ 1,000,	
DÉSCRIPTION OF OPERATIONS below	EL	DISEASE - POLICY LIMIT \$1,000,	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche Re: Measure Z Funding Grant. When required by written contract or agreement the following apply subject to Additional Insured - County of Humboldt, its agents, officers, officials, employed Primary Wording Walver of Subrogation When available, form(s) may be attached.	dorsement:		
CERTIFICATE HOLDER	CANCELLATION		
Windows State State Control of the C			
County of Humboldt Attn: Risk Management 825 5th Street, Rm 131	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		
Eureka CA 95501			
USA	Josha Martine Caly		
	6 4000 0045 4000	D CORPORATION All Flah	