

GL1-7477

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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 an ADDITIONAL INSURED and/or 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

A- Public Risk Innovation, Solutions and Management**Member:**

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

COVERAGE
AFFORDED

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COVERAGE
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D**Coverages**

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE 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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF COVERAGE | MEMORANDUM NUMBER | COVERAGE EFFECTIVE DATE | COVERAGE EXPIRATION DATE | LIABILITY LIMITS |
|-----------|---|----------------------|----------------------------|-----------------------------|--|
| A | <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> General Liability Aggregate | PRISM 20 EL-04 | 07/01/2020 | 07/01/2021 | \$1,000,000 \$2,000,000 Limits inclusive of the Member's Self-Insured Retention of \$100,000 |

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.

COVERAGE INCLUDES ERRORS AND OMISSIONS.

Certificate Holder

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

Cancellation

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

AUTHORIZED REPRESENTATIVE


Public Risk Innovation, Solutions and Management