



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/22

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).

PRODUCER	2: i c T Melissa Boomer	
PATTERSON CONNERS INSURANCE	1: Jg N Jo . Ext: 707 725-3400	Et2 No: _____
PO Box 575	! t SS: melissa attersonconners.com	
Fortuna, CA 95540	INSURER(S) AFFORDING COVERAGE	
License #: 0B72732	INSURER A : Nonprofits Insurance Alliance of CA	NAIC# 10023
INSURED	INSURER B :	
Redwood Community Services Inc.	INSURER C :	
631 S. Orchard Street	INSURER D :	
P.O. Box 2077	INSURER E :	
Ukiah, CA 95482	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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.

TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	(: hli)	(Ji)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		2022-05349-NPO	10/03/22	10/03/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> ,mg: <input checked="" type="checkbox"/> LOC OTHER:					
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANYAUTO		2022-05349-NPO	10/03/22	10/03/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
OWNED ONLY HIRED AUTOS ONLY LEASED ON-OWNED UTOS ONLY	<input checked="" type="checkbox"/> y				
<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB		2022-05349-UMB	10/03/22	10/03/23	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000	<input checked="" type="checkbox"/> Y				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> y / N N / A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
Social Services Professional Liability	<input checked="" type="checkbox"/> y	2022-05349-NPO	10/03/22	10/03/23	Ea. Occurrence \$ 1,000,000 Aggregate \$ 3,000,000

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

Per written agreement, County of Humboldt, including its officers, officials, employees and volunteers, is additional insured; See endorsement NIAC E61 attached.

CERTIFICATE HOLDER

CANCELLATION

County of Humboldt
Department of Health and Human Services
Children & Family Svcs - Mental Health
2440 - Sixth St.
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.

AUTHORIZED REPRESENTATIVE

Melissa Boomer

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