

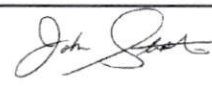
ADMINISTRATOR: Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607 510-986-6750 www.keenan.com	LICENSE # 0451271 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS BELOW. ENTITIES AFFORDING COVERAGE: ENTITY A: Northern California ReLiEF ENTITY B: Protected Insurance Program for Schools ENTITY C: ENTITY D: ENTITY E:
COVERED PARTY: Klamath-Trinity Jt. Unified School Dist North Coast SIG Loop Road Hoopa CA 95546	

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY 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 HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 1,000,000
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 250,250,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ Included EACH OCCURRENCE
B	WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	PIPS 00143-14	7/1/2017 7/1/2018	\$	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	OTHER			\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:
 As respects to the Professional Service Agreement between the County of Humboldt and Klamath-Trinity Jt. Unified School District for the startup costs of a school-based clinic at Hoopa Valley High School through 9/30/2018.

 \$4,000,000 annual aggregate, as required by contract.

CERTIFICATE HOLDER: County of Humboldt, Department of Health of Human Services Attn: Risk Manager 825 5th Street, Room 131 Eureka CA 95501	<p>CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. IF FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.</p> <div style="text-align: right;">  John Stephens AUTHORIZED REPRESENTATIVE </div>
--	--

DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

ENDORSEMENT

ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Klamath-Trinity Jt. Unified School Dist North Coast SIG	NCR 00104-31	Keenan & Associates

Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

County of Humboldt,
Department of Health of Human Services
Attn: Risk Manager
825 5th Street, Room 131
Eureka CA 95501

As Respects:

As respects to the Professional Service Agreement between the County of Humboldt and Klamath-Trinity Jt. Unified School District for the startup costs of a school-based clinic at Hoopa Valley High School through 9/30/2018. \$4,000,000 annual aggregate, as required by contract.

The County of Humboldt, its agents, officers, officials, employees and volunteers are included as an Additional Covered Party. This coverage shall be primary to the Certificate Holder's coverage.



Authorized Representative

Issue Date: 6/5/2018

CERTIFICATE OF COVERAGE

ADMINISTRATOR: LICENSE # 0451271
Keenan & Associates
1111 Broadway, Suite 2000
Oakland, CA 94607

510-986-6750
www.keenan.com

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

COVERED PARTY:
Klamath-Trinity Jt. Unified School Dist
North Coast SIG
Loop Road
Hoopa CA 95546

ENTITIES AFFORDING COVERAGE:
ENTITY A: Northern California ReLiEF
ENTITY B: Protected Insurance Program for Schools
ENTITY C:
ENTITY D:
ENTITY E:

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY 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 HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS	
A	GENERAL LIABILITY [<input checked="" type="checkbox"/> GENERAL LIABILITY [<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE [<input checked="" type="checkbox"/> GOVERNMENT CODES [<input checked="" type="checkbox"/> ERRORS & OMISSIONS []]	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 2,000,000	COMBINED SINGLE LIMIT EACH OCCURRENCE
A	AUTOMOBILE LIABILITY [<input checked="" type="checkbox"/> ANY AUTO [<input checked="" type="checkbox"/> HIRED AUTO [<input checked="" type="checkbox"/> NON-OWNED AUTO [<input checked="" type="checkbox"/> GARAGE LIABILITY [<input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE []]	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 1,000,000	COMBINED SINGLE LIMIT EACH OCCURRENCE
A	PROPERTY [<input checked="" type="checkbox"/> ALL RISK [<input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD [] BUILDER'S RISK []]	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ 250,250,000	EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR 00104-31	7/1/2017 7/1/2018	\$ 25,000	\$ Included	EACH OCCURRENCE
B	WORKERS COMPENSATION [<input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	PIPS 00143-14	7/1/2017 7/1/2018	\$	[] WC STATUTORY LIMITS [<input checked="" type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT	
	EXCESS WORKERS COMPENSATION [] EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS	
	OTHER			\$		

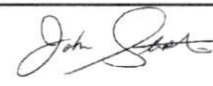
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:
As respects to the agreement between the County of Humboldt and Klamath-Trinity Jt. Unified School District for the One Hundred Seventy Thousand Seven Hundred and Fifty-Two dollars (\$170,752) grant for a School-Based Clinic through 6/30/2019.

\$4,000,000 annual aggregate, as required by contract.

CERTIFICATE HOLDER:

County of Humboldt,
Department of Health of Human Services
Attn: Risk Manager
825 5th Street, Room 131
Eureka CA 95501

CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BY FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.~~



John Stephens AUTHORIZED REPRESENTATIVE

DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

ENDORSEMENT

ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Klamath-Trinity Jt. Unified School Dist North Coast SIG	NCR 00104-31	Keenan & Associates

Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

County of Humboldt,
Department of Health of Human Services
Attn: Risk Manager
825 5th Street, Room 131
Eureka CA 95501

As Respects:

As respects to the agreement between the County of Humboldt and Klamath-Trinity Jt. Unified School District for the One Hundred Seventy Thousand Seven Hundred and Fifty-Two dollars (\$170,752) grant for a School-Based Clinic through 6/30/2019. \$4,000,000 annual aggregate, as required by contract.

The County of Humboldt, its agents, officers, officials, employees and volunteers are included as an Additional Covered Party. This coverage shall be primary to the Certificate Holder's coverage.



Authorized Representative

Issue Date: 6/5/2018