

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2021

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	CONTACT NAME:				
George Petersen Insurance Agency, Inc. P.O. Box 3539			FAX (A/C, No): (707) 442-7281		
Santa Rosa, CA 95402	E-MAIL ADDRESS: info@gpins.com				
	INSURER(S) AFFORDING CO	VERAGE	NAIC#		
The state of the s	INSURER A: Arch Insurance Company				
INSURED	INSURER B : ProCentury Insurance Co	21903			
Boys and Girls Club of the Redwoods 3117 Prospect Ave Eureka, CA 95503	INSURER C:				
	INSURER D:				
Euleka, GA 93303	INSURER E :				
	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.

NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY	X		AAPKG0051903	(MINIOD/1111)	8/1/2022	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR				8/1/2021		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Professional Liabili		P. II				MED EXP (Any one person)	\$	25,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				tomusmi nav		GENERAL AGGREGATE	S	3,000,000	
	X	POLICY PRO- JECT LOC			Desirets' and the grant of	53881	ucto 7 form	PRODUCTS - COMP/OP AGG	S	3,000,000
		OTHER:	T CAN	1		and president		SEXUAL OR PHYSI	s	1,000,000
A	-	OMOBILE LIABILITY			AAAUT0051903			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				8/1/2021	8/1/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS				Selection of a		BODILY INJURY (Per accident)	\$	
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR		AAFXS0051903			EACH OCCURRENCE	\$	2,000,000	
	X	EXCESS LIAB CLAIMS-MADE			AAFXS0051903	8/1/2021	8/1/2022	AGGREGATE	\$	
		DED RETENTION \$						Aggregate	\$	2,000,000
1	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N	N N/A		WCMPRO5169135	7/1/2021	7/1/2022	X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE		X				E.L. EACH ACCIDENT	\$	1,000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					The same of the same		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
j	DESC	, describe under CRIPTION OF OPERATIONS below			4			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								Caralitates To Facures?		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Work Performed by the Named Insured on behalf of the Certificate Holder

The County of Humboldt Department of Health and Human Services-Social Services Branch is named as an Additional Insured by written contract in respects to General Liability per 00 GL0295 00 11 17. Workers Compensation Waiver of Subrogation applies per from to follow from carrier.

CERTIFICATE HOLDER	CANCELLATION			
County of Humboldt Department of Health and Human Services Social Services Branch	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
929 Koster St Eureka, CA 95501	AUTHORIZED REPRESENTATIVE			