

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE

DATE
Jan 7, 2019

PRODUCER
NonProfits' United Workers' Compensation Group
610 Fulton Avenue, Suite 200
Sacramento, CA 95825
Phone: (916) 868-6231
Fax: (916) 880-5251
Arthur J. Gallagher & Co Insurance Brokers of California, Inc
1255 Battery Street #450
San Francisco, CA 94111

THIS CERTIFICATE IS ISSUED AS 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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Remi Vista Inc
PO Box 494100
Redding, CA 96049

INSURER A: NonProfits' United Workers' Compensation Group
INSURER B: Safety National Casualty Corp [NAIC # 15105]
INSURER C:
INSURER D:
INSURER E:

COVERAGES This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.

THE POLICIES OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE AFFILIATE MEMBER 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	CLAIMS MADE OCCUR				MED EXPENSE (Any one person)	\$
	GENERAL AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$
	POLICY PROJECT LOC				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Each accident)	\$
	ANY AUTO					\$
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS					\$
	HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS					\$
					PROPERTY DAMAGE (Per accident)	\$
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	NPU-WCG 001-2019	1/1/19	1/1/20	<input checked="" type="checkbox"/> PER STATUTE	OTHER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - COVERAGE LIMIT	\$ 500,000
B	OTHER EXCESS Workers' Compensation	SP 4059671	1/1/19	1/1/20	Limit Per Occurrence - Statutory	
					EL Per Occ & Agg \$2,000,000 xs of \$500,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS

Evidence of Workers' Compensation Coverage:

CERTIFICATE HOLDER

NPUWCG-REMI-030

Humboldt County DHHS-Mental Health
720 Wood Street
Eureka, CA 95501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

