



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

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).

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	<b>CONTACT NAME:</b> Star Metry <b>PHONE (A/C No. Ext):</b> 818.539.8623 <b>E-MAIL ADDRESS:</b> Star_Metry@ajg.com	<b>FAX (A/C, No):</b> 818.539.8723
	<b>INSURER(S) AFFORDING COVERAGE</b>	
License#: 0726293 NATICOU-21	<b>INSURER A:</b> Service American Indemnity Company	<b>NAIC #</b> 39152
<b>INSURED</b> Evident Change 520 3rd Street Ste 101 Oakland, CA 94607	<b>INSURER B:</b> Alliance of Nonprofits for Insurance Grp	10023
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1857732555

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		2021-71332	11/14/2021	11/14/2022	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 \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2021-71332	11/14/2021	11/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Collision \$0/\$500
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2021-71332-UMB	11/14/2021	11/14/2022	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SATIS0362301	10/14/2021	10/14/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Professional Liability			2021-71332	11/14/2021	11/14/2022	Per Claim \$1,000,000 Aggregate \$2,000,000

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

Policy: Workers Compensation (States: ID and NY)  
 Policy#: SKO0003401  
 Carrier: State National Insurance Company, Inc. NAIC# 12831  
 Policy Term: 10/14/2021 To 10/14/2022  
 Each Accident: \$1,000,000 / Disease- Policy Limit: \$1,000,000 / Disease- Each employee: \$1,000,000

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

County of Humboldt  
 Dept. of Health and Human Services Social Services  
 929 Koster Street  
 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

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Evident Change 520 3rd Street Ste 101 Oakland, CA 94607	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Policy: Cyber Liability  
 Policy#: RPS-P-50223521M  
 Carrier: Underwriters at Lloyd's London  
 Policy Term: 12/14/2021 to 12/14/2022  
 Per Claim: \$5,000,000 / Aggregate: \$5,000,000 / Retention: \$5,000

Policy: Cyber Liability (1st Layer)  
 Policy#: EKS3409675  
 Carrier: Scottsdale Insurance Company  
 Policy Term: 12/14/2021 to 12/14/2022  
 Limit: \$5,000,000 / Aggregate: \$5,000,000

Policy: Cyber Liability (2nd Layer)  
 Policy#: CY5EX00220-211  
 Carrier: Everest National Insurance Company  
 Policy Term: 12/14/2021 to 12/14/2022  
 Aggregate: \$5,000,000

Policy: Cyber Liability (3rd Layer)  
 Policy#: G71835649 002  
 Carrier: Westchester Surplus Lines Insurance Co  
 Policy Term: 12/14/2021 to 12/14/2022  
 Limit: \$5,000,000 / Aggregate: \$5,000,000

Policy: CRIME  
 Policy#: PHSD1660988  
 Carrier: Philadelphia Indemnity Insurance Company  
 Policy Term: 10/14/2021 To 10/14/2022  
 Employee Theft: Limit: \$500,000 / Deductible: \$10,000  
 ERISA: Limit: \$500,000  
 Forgery or alteration: Limit: \$500,000 / Deductible: \$10,000  
 Theft of money and securities: Limit: \$100,000 / Deductible: \$5,000  
 Money and securities: Limit: \$100,000 / Deductible: \$5,000  
 Computer and Funds Transfer Fraud: Limit: \$100,000 / Deductible: \$5,000

Policy: Employee Benefits  
 Policy#: 2021-71332  
 Carrier: Alliance of Nonprofits for Insurance Grp  
 Policy Term: 11/14/2021 To 11/14/2022  
 Retro Date: 10/14/2010  
 Occurrence: \$1,000,000 / Aggregate: \$2,000,000

The County of Humboldt is included as an additional insured with respect to general liability as required by written contract. Endorsement To Follow

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

**2.** If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.