



# CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

## Request for Certificate of Coverage

Member: REMIF

Sub-Member (if any): City of Eureka

Additional Covered Party: County of Humboldt: Risk Management

Street Address: 825 Fifth Street, Room 131

City, State and Zip: Eureka CA 95501

Attention: Risk Management

Description of event or activity for which coverage is requested: \_\_\_\_\_

The City is receiving \$201,225 in grant funding to implement and expand a homeless resources program (Uplift) that includes a housing assistance program.

Date(s) of Event or Activity: March 1, 2020 to March 31, 2021

Location of Event or Activity: Various locations in the City of Eureka

Expiration Date: April 1, 2021

Amount of Coverage Requested: \$ 1,500,000 excess of \$ 500,000 (S.I.R.)

### **Please provide documentation which clearly indicates:**

- v that coverage is actually required;
- v the name of the party to be covered;
- v the specific nature of the event or activity; and
- v the amount of coverage required. (Please verify that the amount of coverage requested conforms to the amount set forth in the documentation.)

Individual Requesting Certificate: Miles Slattery

Email Address: msslattery@ci.eureka.ca.gov

Phone Number: (707)441-4184 Fax Number: NA

**E-mail request to [ANNA@REMIF.COM](mailto:ANNA@REMIF.COM)**

Revised: 02/2018