



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2019

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 InterWest Insurance Services License #0B01094 310 Hemsted Dr., Suite 200 Redding CA 96002-0935	CONTACT NAME: Jennifer Lakmann, CISR PHONE (A/C. No. Ext): 530-722-2617 E-MAIL ADDRESS: jlakmann@iwins.com		FAX (A/C. No): 530-722-3547
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Restpadd, Inc. 2750 Eureka Way Redding CA 96001	INSURER A : NORCAL Mutual Ins Company		33200
	INSURER B : State Comp Ins Fund (CA)		35076
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER: 222633346

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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		712812	3/11/2019	3/11/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Emp. Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			712812	3/11/2019	3/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9048945	7/1/2019	7/1/2020	<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

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

As respects General Liability, Humboldt County, its officers, officials, employees and volunteers are included as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

County of Humbolt
 Attn: Risk Management
 Elvira Schwarz
 825 5th Street, Room 131
 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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It is further understood and agreed that **Coverage Part B – Health Care General Liability Insurance – Occurrence** is also amended to add the organization (s) shown on the rosters below as Insureds, but only with respect to liability that arises out of Occurrences, Personal Injury or Advertising Injury by the Named Insured. The Start Date(s) for such coverage are shown in the roster(s) below.

The Limits of Liability shown on the Declarations Page, applicable to the Named Insured, are shared with the Organization(s) shown on the rosters below after the Start Date(s).

Add the following Organization(s):

Name	Start Date
N/A	N/A

Roster of Current Organization(s):

Name	Start Date
Shasta County, its elected officials, officers, employees, agents and volunteers as additional insureds	03/11/2013
County of Tehama, its elected officials, officers and employees	03/11/2013
Siskiyou County Health and Human Services Agency	03/11/2013
Modoc County Behavioral Health	03/11/2013
Glenn County Health And Human Services Agency, its elected officials and agent	03/07/2014
Trinity County, its officials, employees and agents	03/07/2014
County of Humboldt	03/07/2014
Mendocino County	12/12/2013
Redwood Quality Management Co. and their officials, employees and volunteers	12/12/2013
County of Plumas, its officers, officials, employees, representatives and agents	08/26/2014
County of Del Norte County	03/19/2014
Lassen County Health & Services Dept. their officers, officials, employees and volunteers.	06/26/2014
N/A	N/A

It is further understood and agreed that the Organization(s) shown on the rosters below are deleted from coverage. After the Termination Date(s) shown on the rosters below, the Organization(s) shown on the rosters below will continue to be insured under this Policy for Occurrences, Personal Injury or Advertising Injury that took place on or after the Start Date(s) and before the Termination Date(s) as shown on the rosters below.

Delete the following Organization(s):

Name	Termination Date
N/A	N/A

Roster of Deleted Organization(s):

Name	Termination Date
N/A	N/A

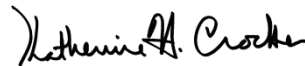
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

This endorsement when signed by NORCAL's President and Secretary at San Francisco, California shall take effect on the endorsement effective date shown below.

Issue Date: February 28, 2019
 Named Insured: Restpadd, Inc.
 Policy Number: 712812
 Policy Period: March 11, 2019 to March 11, 2020
 Transaction Number: 4C
 Endorsement Effective Date: March 11, 2019
 Additional/Return Premium: \$N/A



T. Scott Diener
President



Katherine H. Crocker
Secretary



HPL-037
LANDLORD -SHARED LIMITS OF LIABILITY WITH THE
NAMED INSURED

It is hereby understood and agreed that Coverage Part B is amended to afford coverage to the Person or Organization as shown on the rosters below but only as respects to their interests as the Named Insured's real estate manager and/or landlord of the Named Insured's locations. The Start Date for such coverage is shown on the rosters below.

However, this insurance does not provide protection to the Person or Organization shown on the rosters below for Bodily Injury or Property Damage that occurs after the Named Insured ceases to be a tenant or that results from any structural alterations, new construction or demolition performed by or for the Named Insured's landlord.

The Limits of Liability shown on the Declarations Page, applicable to the Named Insured, are shared with the Person or Organization shown on the rosters below.

Add the following Person or Organization:

Name	Location	Start Date

Roster of Current Person or Organization:

Name	Location	Start Date
Eureka Way, LLC	2570 Eureka Way, Redding CA 96001	03/11/2015

It is further understood and agreed that the Person or Organization shown on the rosters below are deleted from coverage. After the termination date shown on the rosters below, the Person or Organization will continue to be insured under the policy only for Claims arising from Occurrences that took place on or after the Start Date and before the termination date as shown on the rosters below.

Delete the following Person or Organization:

Name	Location	Start Date	Termination Date



HPL-037
**LANDLORD -SHARED LIMITS OF LIABILITY WITH THE
NAMED INSURED**

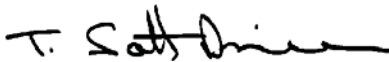
Roster of Deleted Person or Organization:


Name	Location	Start Date	Termination Date

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

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