



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2019

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 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 Phone: (510) 233-2600 Fax: (510) 235-3522

NEK INSURANCE, INC.
PO BOX 809
EL CERRITO CA 94530

CONTACT NAME: **NEK INSURANCE, INC.**PHONE (A/C, No, Ext): **(510) 233-2600**FAX (A/C, No): **(510) 235-3522**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

Agency Lic#: 0350715

INSURER A : **AMERICAN ALTERNATIVE INSURANCE CORP.**INSURER B : **AMERICAN FAMILY HOME INSURANCE CO.**

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
DAVIS GUEST HOME, INC.
1878 EAST HATCH ROAD
MODESTO CA 95351

COVERAGES

CERTIFICATE NUMBER: 74850

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			99A5CP0000037-00	04/01/19	04/01/20	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	AUTOMOBILE LIABILITY			99A2CA0005341-00	04/01/19	04/01/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (per accident)	\$
								\$
B	UMBRELLA LIAB			99A5FF0000012-00	04/01/19	04/01/20	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
A	PROFESSIONAL LIABILITY			99A5PL0000090-00	04/01/19	04/01/20	AGGREGATE	3,000,000
							OCCURRENCE	1,000,000

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS PER FORM CG2026 & AU2015.

RE: 1878 EAST HATCH ROAD, MODESTO, CA / 1900 EAST HATCH ROAD, MODESTO, CA / 1628 NADINE AVENUE, MODESTO, CA / 1552 OHIO AVENUE, MODESTO, CA / 2405 MAUNA LOA DRIVE, CERES, CA & 1209 N. CENTRAL AVENUE, MODESTO, CA / 1232 NADINE AVENUE, MODESTO, CA / 5348 KIERNAN AVENUE, SALIDA, CA

CERTIFICATE HOLDER**CANCELLATION**

HUMBOLDT COUNTY HEALTH & HUMAN SERVICES
DHHS - MENTAL HEALTH
720 WOOD STREET
EUREKA, CA 95501-4482

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

Attention: MENTAL HEALTH DIRECTOR

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
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):

**COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH & HUMAN SERVICES
720 WOOD STREET
EUREKA, CA 95501-4482**

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 your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

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 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 04/01/2019	Countersigned By:
Named Insured: Davis Guest Home, Inc & L & L Revocable	(Authorized Representative)

SCHEDULE

Name of Person or Organization (Additional Insured) and their mailing address:

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH & HUMAN SERVICES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II – COVERED AUTOS LIABILITY COVERAGE) is amended to include as an "insured" the person(s) or organization(s) shown in the above Schedule with whom you have agreed in an "insured contract" that such person or organization be added as an additional "insured" in your policy. Such person or organization is an "insured" under this Coverage Form but only with respect to their tort liability assumed by you under such "insured contract". Any person's or organization's status as an additional "insured" under this endorsement ends when this policy terminates or the "insured contract" terminates, whichever occurs first.

If we cancel this policy, we will give written notice to the additional "insured" shown in the above Schedule at least 30 days before the date of cancellation. If we elect not to renew this policy we will give written notice to the additional "insured" shown in the above Schedule at least 30 days before the expiration of this policy.

All Other Terms and Conditions Remain Unchanged.

AU2015 (12/13)