



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2019

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 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203 License#: 0726293 OPENDO0-04	CONTACT NAME: Kimberly Kleinman PHONE (A/C No. Ext): 818.539.8619 FAX (A/C, No): 818.539.8719 E-MAIL ADDRESS: Kimberly_Kleinman@ajg.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER B: Quality Comp Inc</td> <td></td> </tr> <tr> <td>INSURER C: NORCAL Mutual Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American Insurance Company	16691	INSURER B: Quality Comp Inc		INSURER C: NORCAL Mutual Insurance Company		INSURER D:		INSURER E:		INSURER F:
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INSURED Open Door Community Health Centers 670 9th Street, Suite 203 Arcata, CA 95521														

COVERAGES

CERTIFICATE NUMBER: 957490637

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.

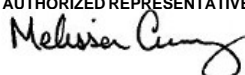
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		610398	4/1/2019	4/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input checked="" 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			CAP030794307	7/8/2019	7/8/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Collision \$100/\$500
	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 <input type="checkbox"/>	N/A	0150441012	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Professional Liability Claims-Made Form Retro Date: 4/5/1985			610398	4/1/2019	4/1/2020	Per Claim \$2,000,000 Aggregate \$4,000,000

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

- o Professional Liability: Sexual Misconduct coverage included.
- o General Liability: Fire Damage to Rented Premises coverage included.

Policy: Directors & Officers Liability
 Policy#: 107185752
 Carrier: Travelers Casualty and Surety Co of America
 Policy Term: 11/30/2019 To 11/30/2020
 Limit: \$2,000,000 / Retention: \$25,000
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

County of Humboldt Department of Health and Human Services Social Services Branch 825 5th Street, Room 112 Attn: Risk Management 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 Open Door Community Health Centers 670 9th Street, Suite 203 Arcata, CA 95521	
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: Commercial Property
 Policy#: PAC030794307
 Carrier: Great American Insurance Company
 Policy Term: 7/8/2019 To 7/8/2020
 Blanket Building Limit: \$38,960,000 / Deductible: \$1,000

Re: Grant. County of Humboldt, its officers, officials, employees and volunteers are named additional insured/funding source with respect to the operations of the named insured per the attached AI endorsement. Such insurance is Primary and Non-Contributory. Waiver of Subrogation for Workers Compensation policy applies in favor of County of Humboldt, its officers, agents, and employees per the attached endorsement.



Workers' Compensation Solutions

RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #15105). The company is rated "A+" Category "XV" by A.M. Best & Company.

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2020
Expiration: January 1, 2021

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Jacqueline Harris".

Jacqueline Harris
Director of Underwriting
RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a Corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December, 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

John M. Rea
JOHN M. REA

DIRECTOR

Mark T. Johnson

MARK T. JOHNSON

MANAGER

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation obligation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.



**DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF SELF-INSURANCE PLANS**

11050 Olson Drive, Suite 230
Rancho Cordova, CA 95670
Phone No. (916) 464-7000
FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **4515** was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California
This day the 05th of December 2019

A handwritten signature in black ink, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Monument Insurance Services
255 Great Valley Pkwy, Ste 200
Malvern, Pa 19355

NUMBER : 4515 - 0043

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Open Door Community Health Centers

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master CertificateHolder)

STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No, 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE : October 1, 2012

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA



Jon Wroten, Chief

Christine Baker, Director

*Revocation of Certificate.--"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him."(Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance



CPG-309
BLANKET ADDITIONAL INSURED - SHARED LIMITS
OF LIABILITY WITH THE NAMED INSURED
ENDORSEMENT

It is hereby understood and agreed that the Who Is Insured section of Coverage Part B is amended to add the person(s) or organization(s) with which the Named Insured has entered into a written contract(s), and the written contract(s) requires that the person(s) or organization(s) be named as an additional Insured under this policy, but only with respect to

1. Their interests as the Named Insured's real estate manager and/or landlord of location(s) rented to or leased to the Named Insured; or
2. An Insured's Work on behalf of the person or organization; or
3. Their interests as owners of the Named Insured's leased equipment; or
4. Their financial control of the Named Insured; or
5. An Insured's liability arising out of a state or political subdivision permit issued to the Named Insured; or
6. Their requirement for certain performance placed upon the Named Insured, as a non-profit organization, in consideration for funding or financial contributions the Named Insured receives from the person or organization; and
7. Claims for Bodily Injury, Property Damage or Fire Damage, if the Bodily Injury, Property Damage or Fire Damage was caused, in whole or in part, by an Insured and takes place on or after the execution of the applicable written contract and before the expiration or termination of the applicable written contract.

However, there is no coverage for the person(s) or organization(s) if the Bodily Injury, Property Damage or Fire Damage:

1. Was caused, in whole or in part, by the person(s) or organization(s) or by those acting on behalf of the person(s) or organization(s);
2. Occurs after the Named Insured ceases to be a tenant; or
3. Results from any structural alterations, new construction or demolition performed by or for the person(s) or organization(s).

The limits of liability shown on the declarations page or applicable endorsement, applicable to the Named Insured, are shared with the person(s) or organization(s).



CPG-309
BLANKET ADDITIONAL INSURED - SHARED LIMITS
OF LIABILITY WITH THE NAMED INSURED
ENDORSEMENT

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 16, 2019
<u>Named Insured:</u>	Open Door Community Health Centers
<u>Policy Number:</u>	610398
<u>Policy Period:</u>	April 1, 2019 to April 1, 2020
<u>Endorsement Number:</u>	5
<u>Endorsement Effective Date:</u>	April 1, 2019
<u>Additional/Return Premium:</u>	\$N/A

Handwritten signature of T. Scott Diener in black ink.

T. Scott Diener
President

Handwritten signature of Kara M Ricci in black ink.

Kara M Ricci
Secretary



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2020, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Open Door Community Health Center

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be **\$250.00**.

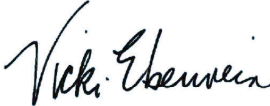
Schedule

Person or Organization

County of Humboldt

Job Description

Grant for social service programs

Countersigned by 
Vicki Eberwein, Program Administrator, Authorized Representative