

Po Box 853925
Richardson, TX 75085-3925

Named Insured

AT2 000281 M-02-0290-FBA4 F U
3125
KELLY, KEVIN
598 COCHRANE AVE
UKIAH CA 95482-5621



Policy Number	97-WK-2871-8	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 1 2021	FEB 1 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

JAY EPSTEIN INS AGCY INC
704 E PERKINS ST STE B
UKIAH CA 95482-2004

PHONE: (707) 468-0179

0106-ST-1-1001

Medical Office Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Individual

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 634.00

Discounts Applied:
Renewal Year
Years in Business
Claim Record

Prepared
NOV 19 2020
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
 Policy Number 97-WK-2871-8

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	598 COCHRANE AVE UKIAH CA 95482-5621	\$ 110,600	\$ 8,300	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: 231.8
 Cov B - Consumer Price Index: 260.3

NOV 19 2020

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$500		

Other deductibles may apply - refer to policy.

RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
 Policy Number 97-WK-2871-8


SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Back-Up Of Sewer Or Drain	\$15,000
Brands And Labels	\$25,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
Policy Number 97-WK-2871-8

Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$5,000
Personal Property Off Premises	\$15,000
Physicians And Surgeons Equipment	Coverage B Limit
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Spoilage (applies only to those premises provided Coverage B - Business Personal Property)	
Expediting Expenses	\$1,000
On Premises	\$20,000
Off Premises	\$5,000
Valuable Papers And Records	
On Premises	\$50,000
Off Premises	\$15,000

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Dependent Property - Loss Of Income	\$5,000
Employee Dishonesty	\$10,000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
Policy Number 97-WK-2871-8

Utility Interruption - Loss Of Income \$10,000

Loss Of Income And Extra Expense Actual Loss Sustained - 12 Months



0306-ST-1-1001

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the **BUSINESSOWNERS COVERAGE FORM** shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4101	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4409	Physicians and Surgeons
CMP-4721	Ex Personal Advertising Injury
CMP-4713.1	Excl Testing Consulting E&O
CMP-4825	Brands and Labels
CMP-4698	Back-Up of Sewer or Drain
CMP-4704.1	Dependent Prop Loss of Income
CMP-4710	Employee Dishonesty

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
Policy Number 97-WK-2871-8

CMP-4709 Money and Securities
 CMP-4471 Spoilage Coverage
 CMP-4703.1 Utility Interruption Loss Incm
 CMP-4705.2 Loss of Income & Extra Expense
 CMP-4786.1 Addl Insd Owners Lessee Sched
 CMP-4260.1 Amendatory Endorsement-CA
 CMP-4261 Amendatory Endorsement
 FD-6007 Inland Marine Attach Dec
 * New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP47861
Loan Number: N/A

COUNTY OF HUMBOLDT
 ATTN: RISK MANAGEMENT
 825 5TH ST RM 131
 EUREKA CA 955011107

NOV 19 2020

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Youell
 Secretary

Thomas Conley
 President

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
Policy Number 97-WK-2871-8

**IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm® Executive Customer Service
 PO Box 2320
 Bloomington IL 61702
 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance
 Consumer Services Division
 300 South Spring Street
 Los Angeles, CA 90013
 Phone # 1-800-927-HELP (4357) or visit www.insurance.ca.gov/01-consumers

0406-ST-1-1001

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for KELLY, KEVIN
Policy Number 97-WK-2871-8

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.[®] using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm[®] does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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Richardson, TX 75085-3925

Named Insured

M-02-0290-FBA4 F U

KELLY, KEVIN
598 COCHRANE AVE
UKIAH CA 95482-5621



0506-ST-1-1001

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	97-WK-2871-8	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 1 2021	FEB 1 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-6271 Amendatory Endorsement
FE-8739 Inland Marine Conditions
FE-8745 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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NOV 19 2020
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8745	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

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OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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FD-6007

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In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

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Po Box 853925
Richardson, TX 75085-3925

Add Insured-Section II Only

AT2 000282 M-02-0290-FBA4 F U
3125
COUNTY OF HUMBOLDT
ATTN: RISK MANAGEMENT
825 5TH ST RM 131
EUREKA CA 95501-1107



Policy Number	97-WK-2871-8	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 1 2021	FEB 1 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

Named Insured
KELLY, KEVIN
598 COCHRANE AVE
UKIAH CA 95482-5621

0105-ST-0000

Medical Office Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Individual

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 634.00

Discounts Applied:
Renewal Year
Years in Business
Claim Record

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CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
 Policy Number 97-WK-2871-8

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	598 COCHRANE AVE UKIAH CA 95482-5621	\$ 110,600	\$ 8,300	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: 231.8
 Cov B - Consumer Price Index: 260.3

NOV 19 2020

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$500		

Other deductibles may apply - refer to policy.

RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
Policy Number 97-WK-2871-8



0205-ST-0000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Back-Up Of Sewer Or Drain	\$15,000
Brands And Labels	\$25,000
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
Policy Number 97-WK-2871-8

Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$5,000
Personal Property Off Premises	\$15,000
Physicians And Surgeons Equipment	Coverage B Limit
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Spoilage (applies only to those premises provided Coverage B - Business Personal Property)	
Expediting Expenses	\$1,000
On Premises	\$20,000
Off Premises	\$5,000
Valuable Papers And Records	
On Premises	\$50,000
Off Premises	\$15,000

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Dependent Property - Loss Of Income	\$5,000
Employee Dishonesty	\$10,000

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
Policy Number 97-WK-2871-8

Utility Interruption - Loss Of Income \$10,000
Loss Of Income And Extra Expense Actual Loss Sustained - 12 Months



0305-ST-0000

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
	LIMIT OF INSURANCE
AGGREGATE LIMITS	
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4101	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4409	Physicians and Surgeons
CMP-4721	Ex Personal Advertising Injury
CMP-4713.1	Excl Testing Consulting E&O
CMP-4825	Brands and Labels
CMP-4698	Back-Up of Sewer or Drain
CMP-4704.1	Dependent Prop Loss of Income
CMP-4710	Employee Dishonesty

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
Policy Number 97-WK-2871-8

CMP-4709 Money and Securities
CMP-4471 Spoilage Coverage
CMP-4703.1 Utility Interruption Loss Incm
CMP-4705.2 Loss of Income & Extra Expense
CMP-4786.1 Addl Insd Owners Lessee Sched
CMP-4260.1 Amendatory Endorsement-CA
CMP-4261 Amendatory Endorsement
FD-6007 Inland Marine Attach Dec
* New Form Attached

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

IMPORTANT NOTICE:

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm® Executive Customer Service
PO Box 2320
Bloomington IL 61702
Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013
Phone # 1-800-927-HELP (4357) or visit www.insurance.ca.gov/01-consumers

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RENEWAL DECLARATIONS (CONTINUED)

Medical Office Policy for COUNTY OF HUMBOLDT
Policy Number 97-WK-2871-8



0405-ST-0000

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

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Po Box 853925
Richardson, TX 75085-3925

Named Insured

M-02-0290-FBA4 F U

KELLY, KEVIN
598 COCHRANE AVE
UKIAH CA 95482-5621



0505-ST-0000

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	97-WK-2871-8	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 1 2021	FEB 1 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-6271 Amendatory Endorsement
FE-8739 Inland Marine Conditions
FE-8745 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8745	Inland Marine Computer Prop	\$ 25,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 25,000		Included

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OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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