



CERTIFICATE OF LIABILITY INSURANCE

10/1/2019

DATE (MM/DD/YYYY)

9/20/2018

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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C. No. Ext):	FAX (A/C. No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : New Hampshire Insurance Company		23841
INSURER B : Zurich American Insurance Company		16535
INSURER C : American Guarantee and Liab. Ins. Co.		26247
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES EXPSE01 CERTIFICATE NUMBER: 14579475 REVISION NUMBER: XXXXXXXX

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STAFFING SERVICE GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PRA5854213-06	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<input type="checkbox"/> 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	Y	Y	PRA5854213-06	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	UMB5498877-06	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$ XXXXXXXX
A	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	N/A	SEE ATTACHED POLICY #S	10/1/2018	10/1/2019	<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
B	CRIME/FIDELITY STAFFING E&O COVERAGE	N	N	PRA5854213-06	10/1/2018	10/1/2019	CRIME/FIDELITY: 5,000,000 AGG E&O OCC/AGG: 5,000,000

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

ALL INSURANCE CARRIERS SHOWN ON THIS CERTIFICATE HAVE AN A.M. BEST RATING OF A XV OR BETTER UNLESS OTHERWISE NOTED.

PLEASE SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION See Attachment

14579475
NORTH COAST SUBSTANCE ABUSE COUNCL, INC.
ATTN: WESLEY HARRISON
1205 MYRTLE AVENUE
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

Joseph M. Agnello

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LOCATION: 2859 - EUREKA CA / TYPE OF COMPANY: DRUG AND ALCOHOL NON PROFIT / JOB DESCRIPTION: VARIOUS ADMINISTRATIVE POSITIONS INCLUDING BOOKKEEPER, ADMINISTRATIVE ASSISTANT AND NIGHT SHIFT STAFF. NORTH COAST SUBSTANCE ABUSE COUNCL, INC. IS LISTED AS AN ADDITIONAL INSURED AS RESPECTS TO WORK PERFORMED BY TEMPORARY ASSOCIATES, AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT, EXCEPT FOR NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC.. ADDITIONAL INSURED DOES NOT APPLY TO WC, E&O OR FIDELITY. ALL POLICIES SHALL CONTAIN A WAIVER OF SUBROGATION IN FAVOR OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC. EXCEPT FOR LIABILITY ARISING OUT OF NEGLIGENCE OR WILLFUL MISCONDUCT OF NORTH COAST SUBSTANCE ABUSE COUNCL, INC., AS PER WRITTEN CONTRACT AND/OR STAFFING AGREEMENT.

Express Services, Inc.

**Workers Compensation Policy Schedule:
Policy periods: 10/1/18-19**

American Home Assurance Company

Policy No. WC031467910
NAIC# 19380
States Covered: CA

Illinois National Insurance Co.

Policy No. WC031467911
NAIC# 23817
States Covered: MA, ND, WI, WY

New Hampshire Insurance Company

Policy No. WC031467912
NAIC# 23841
States Covered: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV

New Hampshire Insurance Company

Policy No. WC031467913
NAIC# 23841
States Covered: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT

Illinois National Insurance Co.

Policy No. WC031467914
NAIC# 23817
States Covered: FL

National Union Fire Insurance Company of Pittsburgh, PA

Policy No. XWC 5565562
NAIC# 19445
States Covered: OH

National Union Fire Insurance Company of Pittsburgh, PA

Policy No. XWC5565563
NAIC# 19445
States Covered: WA