



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

September 3, 2021

JAMIE LEE EVANS  
574 ROSAL AVE STE A  
OAKLAND CA 94610

### Policy Information:

|                       |               |
|-----------------------|---------------|
| <b>Policy Number:</b> | 57 SBM BL1017 |
|-----------------------|---------------|



### Contact Us

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Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** <https://business.thehartford.com>

Enclosed please find information pertaining to your policy. Please contact us if you have any questions or concerns.

**Thank you for selecting The Hartford for your business insurance needs.**

Sincerely,

Your Hartford Service Team





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2021

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).

|  |   |                                  |
|--|---|----------------------------------|
| <b>PRODUCER</b><br>JEFFREY WONG INSURANCE AGENCY<br>57101910<br>638 1/2 FIRST STREET STE C<br>BENICIA CA 94510 | <b>CONTACT NAME:</b>                        |                                  |
|  | PHONE (707) 634-7253<br>(A/C, No, Ext):     | FAX (707) 339-4684<br>(A/C, No): |
|  | <b>E-MAIL ADDRESS:</b>                      |                                  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>        |                                  |
|  | INSURER A : Sentinel Insurance Company Ltd. | NAIC#<br>11000                   |
| <b>INSURED</b><br>JAMIE LEE EVANS<br>574 ROSAL AVE STE A<br>OAKLAND CA 94610-1620                              | INSURER B :                                 |                                  |
|  | INSURER C :                                 |                                  |
|  | INSURER D :                                 |                                  |
|  | INSURER E :                                 |                                  |
|  | INSURER F :                                 |                                  |
|  |   |                                  |

**COVERAGES****CERTIFICATE NUMBER:****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 INSR                       | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YY) | LIMITS                              |             |
|---|--|---------------------------------|----------|---------------|-------------------------|-------------------------|-------------------------------------|-------------|
| A   | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> General Liability   | X                               |          | 57 SBM BL1017 | 10/02/2021              | 10/02/2022              | EACH OCCURRENCE                     | \$2,000,000 |
|   | DAMAGE TO RENTED PREMISES (Ea occurrence)  |                                 |          |               |                         |                         | \$1,000,000                         |             |
|   | MED EXP (Any one person)   |                                 |          |               |                         |                         | \$10,000                            |             |
|   | PERSONAL & ADV INJURY  |                                 |          |               |                         |                         | \$2,000,000                         |             |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |  |                                 |          |               |                         |                         | GENERAL AGGREGATE                   | \$4,000,000 |
|   |  |                                 |          |               |                         |                         | PRODUCTS - COMP/OP AGG              | \$4,000,000 |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS |                                 |          | 57 SBM BL1017 | 10/02/2021              | 10/02/2022              | COMBINED SINGLE LIMIT (Ea accident) | \$2,000,000 |
|   | BODILY INJURY (Per person)   |                                 |          |               |                         |                         |                                     |             |
|   | BODILY INJURY (Per accident)   |                                 |          |               |                         |                         |                                     |             |
|   | PROPERTY DAMAGE (Per accident)   |                                 |          |               |                         |                         |                                     |             |
|   | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |                                 |          |               |                         |                         | EACH OCCURRENCE                     |             |
|   |  |                                 |          |               |                         |                         | AGGREGATE                           |             |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      |               |                         |                         | PER STATUTE                         | OTHER       |
|   |  |                                 |          |               |                         |                         | E.L. EACH ACCIDENT                  |             |
|   |  |                                 |          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE           |             |
|   |  |                                 |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT         |             |

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

**CERTIFICATE HOLDER**

County of Humboldt  
 825 5TH ST RM 131  
 EUREKA CA 95501

**CANCELLATION**

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

*Susan L. Castaneda*

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|   | DAMAGE TO RENTED PREMISES (Ea occurrence)  |                                 |          |               |                         |                         | \$1,000,000                         |             |
|   | MED EXP (Any one person)   |                                 |          |               |                         |                         | \$10,000                            |             |
|   | PERSONAL & ADV INJURY  |                                 |          |               |                         |                         | \$2,000,000                         |             |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |  |                                 |          |               |                         |                         | GENERAL AGGREGATE                   | \$4,000,000 |
|   |  |                                 |          |               |                         |                         | PRODUCTS - COMP/OP AGG              | \$4,000,000 |
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|   | BODILY INJURY (Per person)   |                                 |          |               |                         |                         |                                     |             |
|   | BODILY INJURY (Per accident)   |                                 |          |               |                         |                         |                                     |             |
|   | PROPERTY DAMAGE (Per accident)   |                                 |          |               |                         |                         |                                     |             |
|   | <b>UMBRELLA LIAB EXCESS LIAB</b><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |                                 |          |               |                         |                         | EACH OCCURRENCE                     |             |
|   |  |                                 |          |               |                         |                         | AGGREGATE                           |             |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      |               |                         |                         | PER STATUTE                         | OTH-ER      |
|   |  |                                 |          |               |                         |                         | E.L. EACH ACCIDENT                  |             |
|   |  |                                 |          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE           |             |
|   |  |                                 |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT         |             |

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**CERTIFICATE HOLDER**

County of Humboldt  
 Attention: Risk Management  
 825 5TH ST RM 131  
 EUREKA CA 95501-1107

**CANCELLATION**

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

*Susan L. Castaneda*

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