

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2024

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).

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PRODUCER	CONTACT NAME: Bree Wallace								
NonProfits' United Workers' Compensation Group	PHONE (A/C, No, Ext): (916) 868-6226 FAX (A/C, No):								
610 Fulton Avenue, Suite 200	E-MAIL ADDRESS: Bree@nonprofitsunited.com								
Sacramento, CA 95825	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: NonProfits' United Workers' Compensation Group								
INSURED	INSURER B: Safety National Casualty Corporation	15105							
Redwood Community Services, Inc.	INSURER C:								
Redwood Community Services	INSURER D:								
PO Box 2077 (mailing) 631 S Orchard Avenue	INSURER E:								
Ukiah, CA95482	INSURER F:								
COVERAGES CERTIFICATE NUMBER: RWCS-229	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)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						Andrew Committee of the	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NPU-WCG 002-2024	1/1/2024	1/1/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE TITIN	N/A	Υ				E.L. EACH ACCIDENT	\$ 750,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N.A	'				E.L. DISEASE - EA EMPLOYEE	\$ 750,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 750,000
В	XSWC			SP4067530	1/1/2024	1/1/2025	XS of \$750,000 XS of \$750,000	\$2,000,000 (EL) Statutory (WC)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Waiver of Subrogation in favor of County of Humboldt.

CERTIFICATE HOLDER

County of Humboldt Department of Health and Human Services attn: Children & Family Svcs - Mental Health 2440 - Sixth St. 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

Jeffry & Eil-

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THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE PLEASE READ IT CAREFULLY WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

NonProfits' United Workers' Compensation Group Memorandum of Coverage: NPU-WCG 002-2024

This endorsement modifies the coverage provided under the following:

Momorandum of Coverage: PART ONE: WORKERS' COMPENSATION

COVERAGE Paragraph H. RECOVERY FROM OTHERS is amended with respect to the following: Name and Address of Person or Organization:

County of Humboldt 2440 - Sixth St. Eureka, CA 95501

DESCRIPTION OF OPERATIONS/LOCATIONS ADDED BY ENDORSEMENT: County of Humboldt

NPU-WCG waives any right of recovery it may have against the person or organization shown above because of payments made by NPU-WCG for injury or damage arising out of the Members' operations done under a contract with that person or organization shown above and included in the coverage provided by the Memorandum of Coverage. This waiver applies only to the person or organization shown on the Schedule Above.

This endorsement is part of the Memorandum of Coverage and is effective on the date shown below. All other terms and conditions remain unchanged.

Effective DateJanuary 1, 2024Expiration Date:January 1, 2025MemberRedwood Community Services, Inc.Date Issued:Jan 4, 2024

Authorized Representative for NPU-WCG

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