



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2019

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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Denise Brummett PHONE (A/C, No, Ext): (407) 998-5686 15686 FAX (A/C, No):
	E-MAIL ADDRESS: Denise.Brummett@ioausa.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Evanston Insurance Company	NAIC # 35378
INSURER B : Hartford Fire Insurance Company	19682
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Oral Health Solutions, Inc.
101 Broadway, #248
Oakland, CA 94607

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab \$1 Mil/\$1	X		MKLV2PEO000032	10/12/2019	10/12/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DATA BREACH \$ 1,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	57WECPI7299	9/22/2019	9/22/2020	<input 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
A	Professional Liab			MKLV2PEO000032	10/12/2019	10/12/2020		\$ 1,000,000
A	Data Breach			MKLV2PEO000032	10/12/2019	10/12/2020		\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Humboldt is listed as Additional Insured with regard to General Liability arising out of activities performed by or on behalf of Contractor. A Waiver of Subrogation applies in favor of the County of Humboldt with regard to Workers Comp.

CERTIFICATE HOLDER

CANCELLATION

County of Humboldt DHHS - Public Health Attn: Risk Management 825 Fifth St., Room 131 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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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY INSURANCE COVERAGE PART
PROFESSIONAL LIABILITY INSURANCE COVERAGE PART FOR INFORMATION TECHNOLOGY PROFESSIONALS

SCHEDULE

Days:	30
Person Or Entity:	County of Sacramento DHHS, Contract Unit
Address:	7001-A East Parkway, Suite 1000 Sacramento, CA 95823

In the event of cancellation, the Company will mail written notice to the Person Or Entity shown in the Schedule of this endorsement, at the address shown in the Schedule of this endorsement. Notice will be provided at least the number of Days shown in the Schedule of this endorsement prior to the cancellation; however, if such cancellation is due to non-payment of premium or Deductible, 10 days written notice will be given. In no event will notice be less than the minimum required days required by the state.

All other terms and conditions remain unchanged.



EVANSTON INSURANCE COMPANY

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SPECIAL NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY INSURANCE COVERAGE PART
PROFESSIONAL LIABILITY INSURANCE COVERAGE PART FOR INFORMATION TECHNOLOGY PROFESSIONALS

SCHEDULE

Days:	30
Person Or Entity:	County of Humboldt DHHS – Public Health Attn: Risk Management
Address:	825 Fifth St., Room 131 Eureka, CA 95501

In the event of cancellation, the Company will mail written notice to the Person Or Entity shown in the Schedule of this endorsement, at the address shown in the Schedule of this endorsement. Notice will be provided at least the number of Days shown in the Schedule of this endorsement prior to the cancellation; however, if such cancellation is due to non-payment of premium or Deductible, 10 days written notice will be given. In no event will notice be less than the minimum required days required by the state.

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PROFESSIONAL LIABILITY INSURANCE COVERAGE PART
PROFESSIONAL LIABILITY INSURANCE COVERAGE PART FOR INFORMATION TECHNOLOGY PROFESSIONALS

SCHEDULE

Days:	30
Person Or Entity:	County of Alameda Administration Building
Address:	1221 Oak Street, Ste 555 Oakland, CA 94612

In the event of cancellation, the Company will mail written notice to the Person Or Entity shown in the Schedule of this endorsement, at the address shown in the Schedule of this endorsement. Notice will be provided at least the number of Days shown in the Schedule of this endorsement prior to the cancellation; however, if such cancellation is due to non-payment of premium or Deductible, 10 days written notice will be given. In no event will notice be less than the minimum required days required by the state.

All other terms and conditions remain unchanged.



EVANSTON INSURANCE COMPANY

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WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART
GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART (CLAIMS MADE)

SCHEDULE

Additional Insured: Any client of customer of the Named Insured

In consideration of the premium paid, it is hereby understood and agreed that the following is added to Section **X** – Other Conditions of GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART and Section **XI** - Other Conditions of GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART (CLAIMS MADE):

Waiver Of Subrogation

The Company waives any right of recovery it may have against the Additional Insured shown in the Schedule of this endorsement with whom the Named Insured has agreed, in a written contract executed prior to the commencement of operations, to waive such rights of recovery because of payments the Company makes for any **Claim**; however, this waiver will not apply to any **Claims** resulting from the sole negligence of such Additional Insured.

All other terms and conditions remain unchanged.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART
GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART (CLAIMS MADE)

SCHEDULE

Additional Insured: Any client of customer of the Named Insured

In consideration of the premium paid, it is hereby understood and agreed that:

A. The following is added to Section **I** – The Insured:

The word **Insured**, either in the singular or plural, means:

The Additional Insured shown in the Schedule of this endorsement but only with respect to liability for **Bodily Injury**, **Property Damage**, or **Personal And Advertising Injury** caused, in whole or in part, by the Named Insured's acts or omissions or the acts or omissions of those acting on the Named Insured's behalf:

1. In the performance of the Named Insured's ongoing operations; or
2. In connection with the Named Insured's premises owned by or rented to the Named Insured.

However, the insurance afforded to such Additional Insured:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which is required by the contract or agreement to provide for such Additional Insured.

Our agreement to accept an additional insured provision in a contract is not an acceptance of any other provisions of the contract or the contract in total.

When coverage does not apply for the Named Insured, no coverage or defense will apply for such Additional Insured.

B. The following is added to Section **VII** – Defense, Settlements And Claim Expenses:

Shared Counsel

The Company's obligation to provide defense will not be severable with respect to the Additional Insured shown in the Schedule of this endorsement and **Insureds** hereunder. With respect to such Additional Insured and any **Insured** hereunder, all **Insureds** will be represented by the same attorney unless mutual representation is prohibited by law or by any applicable professional code of conduct.

C. With respect to coverage provided by this endorsement, the following is added to Section **X** – Other Conditions in GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART and Section **XI** – Other Conditions in GENERAL LIABILITY INSURANCE FOR PROFESSIONALS COVERAGE PART (CLAIMS MADE), but only if required by a written contract which is signed by both parties and executed prior to the commencement of operations:

Primary And Noncontributory

This insurance will be primary and noncontributory insurance over any other insurance afforded to the Additional Insured shown in the Schedule of this endorsement.

All other terms and conditions remain unchanged.