



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 06-01-2018

GROUP:
POLICY NUMBER: 1844476-2018
CERTIFICATE ID: 6
CERTIFICATE EXPIRES: 06-01-2019
06-01-2018/06-01-2019

RECEIVED
MAY 30 2018
RISK MANAGEMENT

COUNTY OF HUMBOLDT
DHHS
507 F ST
EUREKA CA 95501-1009

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

MCKINLEYVILLE COMMUNITY COLLABORATIVE (A NA
PUBLIC BENEFIT NON PROFIT CORP) DBA:
MCKINLEYVILLE COMMUNITY COLLABORATIVE
PO BOX 2668
MCKINLEYVILLE CA 95519



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 06-01-2018

GROUP:
POLICY NUMBER: 1844476-2018
CERTIFICATE ID: 5
CERTIFICATE EXPIRES: 06-01-2019
06-01-2018/06-01-2019

RECEIVED
MAY 29 2018
RISK MANAGEMENT

COUNTY OF HUMBOLDT
DHHS
825 5TH ST # 112
EUREKA CA 95501-1107

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

MCKINLEYVILLE COMMUNITY COLLABORATIVE (A NA
PUBLIC BENEFIT NON PROFIT CORP)
PO BOX 2668
MCKINLEYVILLE CA 95519