

# CERTIFICATE OF COVERAGE

**Cert No. 9500**

ISSUE DATE (MM/DD/YY)

**8/29/2019**

**Producer**

**HOUSING AUTHORITIES RISK RETENTION POOL**  
 7111 NE 179th Street  
 Vancouver, Washington 98686  
 (360) 574-9035  
 (360) 574-9401 FAX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**Companies Affording Coverage**

**HARRP**  
**Housing Authorities Risk Retention Pool**

**Covered Entity**

**Housing Authority of the Co. of Humboldt**  
 735 West Everding Street  
 Eureka, CA 95503

Letter A

Company

Letter B

**Coverages**

THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED ENTITY NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTS 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	CERTIFICATE EFFECTIVE DATE (MM/DD/YY)	CERTIFICATE EXPIRATION DATE (MM/DD/YY)	ALL LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>00045-PLEAF</b>	<b>7/1/2019</b>	<b>1/1/2020</b>	GENERAL AGGREGATE	\$2,000,000.00
	<u>XX</u> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$2,000,000.00
	____ CLAIMS MADE <u>XX</u> OCCURRENCE				FIRE DAMAGE (any one fire)	\$2,000,000.00
	____ OWNERS' & CONTRACTOR'S PROT.				MEDICAL EXPENSES	EXCLUDED
	<b>AUTOMOBILE LIABILITY</b>	<b>00045-PLEAF</b>	<b>7/1/2019</b>	<b>1/1/2020</b>	COMBINED SINGLE LIMIT	
	____ ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	____ SCHEDULED AUTOS				PROPERTY DAMAGE	
	____ HIRED AUTOS ____ NON-OWNED AUTOS				ANNUAL AGGREGATE	
		<b>00045-PLEAF</b>	<b>7/1/2019</b>	<b>1/1/2020</b>		

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

**AS RESPECTS:**

ADMINISTRATION OF HEAP PROGRAM.

**Per the interest of the CERTIFICATE HOLDER / ADDITIONAL COVERED PARTY as shown below:**

**Certificate Holder**

**COUNTY OF HUMBOLDT**  
**ATTN: RISK MANAGEMENT**  
 825 FIFTH STREET, ROOM 131  
 EUREKA, CA 95501

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**



**WILLIAM E. GREGORY, EXECUTIVE DIRECTOR**

**ENDORSEMENT**

**COVERED ENTITY:**                   **Housing Authority of the Co. of Humboldt**  
**735 West Everding Street**  
**Eureka, CA 95503**  
**MEMBER NO.: 045**  
**COVERAGE PERIOD: 7/1/2019 - 1/1/2020**

**LOCATION / ACTIVITY:**                   **AS RESPECTS:**

**ADMINISTRATION OF HEAP PROGRAM.**

IT IS HERBY AGREED THAT THE FOLLOWING IS INCLUDED  
AS **ADDITIONAL COVERED PARTY(IES)** AS RESPECTS THEIR  
INTEREST IN THE PROPERTY(IES)/ ACTIVITY(IES) NAMED ABOVE:

COUNTY OF HUMBOLDT  
ITS SUCCESSORS AND/OR ASSIGNS  
ATTN: RISK MANAGEMENT  
EUREKA, CA 95501

*ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED*

8/29/2019

\_\_\_\_\_  
DATE



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WILLIAM E. GREGORY, EXECUTIVE DIRECTOR  
HOUSING AUTHORITIES RISK RETENTION POOL