

# CERTIFICATE OF COVERAGE

Issue Date  
6/26/2020

**ADMINISTRATOR:**  
Keenan & Associates  
1111 Broadway, Suite 2000  
Oakland, CA 94607  
  
510-986-6750  
www.keenan.com

LICENSE # 0451271

**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 COVERAGE DOCUMENTS BELOW.**

**ENTITIES AFFORDING COVERAGE:**

- ENTITY A: Statewide Association of Community Colleges
- ENTITY B: Protected Insurance Program for Schools
- ENTITY C:
- ENTITY D:
- ENTITY E:

**COVERED PARTY:**  
Chabot-Las Positas Comm. College Dist.  
7600 Dublin Blvd., 3rd Floor  
Dublin CA 94568

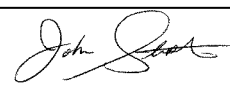
THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

| ENT LTR | TYPE OF COVERAGE   | COVERAGE DOCUMENTS | EFFECTIVE/ EXPIRATION DATE | MEMBER RETAINED LIMIT / DEDUCTIBLE | LIMITS   |
|---------|--|--------------------|----------------------------|------------------------------------|--|
| A       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE<br><input checked="" type="checkbox"/> GOVERNMENT CODES<br><input checked="" type="checkbox"/> ERRORS & OMISSIONS<br><input type="checkbox"/> | SWC 01500-20       | 7/1/2020<br>7/1/2021       | \$ 50,000                          | COMBINED SINGLE LIMIT EACH OCCURRENCE<br>\$ 2,000,000  |
| A       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> HIRED AUTO<br><input checked="" type="checkbox"/> NON-OWNED AUTO<br><input checked="" type="checkbox"/> GARAGE LIABILITY<br><input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE                | SWC 01500-20       | 7/1/2020<br>7/1/2021       | \$ 50,000                          | COMBINED SINGLE LIMIT EACH OCCURRENCE<br>\$ 1,000,000  |
| A       | <b>PROPERTY</b><br><input checked="" type="checkbox"/> ALL RISK<br><input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD<br><input type="checkbox"/> BUILDER'S RISK  | SWC 01500-20       | 7/1/2020<br>7/1/2021       | \$ 10,000                          | \$ 250,250,000<br>EACH OCCURRENCE  |
| A       | <b>STUDENT PROFESSIONAL LIABILITY</b>  | SWC 01500-20       | 7/1/2020<br>7/1/2021       | \$ 5,000                           | \$ Included<br>EACH OCCURRENCE   |
| B       | <b>WORKERS COMPENSATION</b><br><input checked="" type="checkbox"/> EMPLOYERS' LIABILITY  | PIPS 00301-15      | 7/1/2020<br>7/1/2021       | \$                                 | <input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER<br>\$ 1,000,000<br>E.L. EACH ACCIDENT |
|         | <b>EXCESS WORKERS COMPENSATION</b><br><input type="checkbox"/> EMPLOYERS' LIABILITY  |                    |                            | \$                                 | \$ 1,000,000<br>E.L. DISEASE - EACH EMPLOYEE<br>\$ 1,000,000<br>E.L. DISEASE - POLICY LIMITS                                 |
|         | <b>OTHER</b>   |                    |                            | \$<br>\$                           |  |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:**  
As respects to the agreement between the County of Humboldt and Chabot-Las Positas Community College District for the Department of Health and Human Services - Child Welfare Services (DHHS - CWS) through the coverage expiration date.  
  
\$2,000,000 for each occurrence, \$4,000,000 annual aggregate as required by contract under Professional Liability.

**CERTIFICATE HOLDER:**  
County of Humboldt  
Attn: Risk Manager  
825 Fifth Street, 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



John Stephens

AUTHORIZED REPRESENTATIVE

## **DISCLAIMER**

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

**ENDORSEMENT**

**ADDITIONAL COVERED PARTY**

|   |                                   |                                      |
|---|-----------------------------------|--------------------------------------|
| COVERED PARTY<br>Chabot-Las Positas Comm. College Dist. | COVERAGE DOCUMENT<br>SWC 01500-20 | ADMINISTRATOR<br>Keenan & Associates |
|---|-----------------------------------|--------------------------------------|

Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

**Additional Covered Party:**

County of Humboldt  
Attn: Risk Manager  
825 Fifth Street, Room 131  
Eureka CA 95501

**As Respects:**

As respects to the agreement between the County of Humboldt and Chabot-Las Positas Community College District for the Department of Health and Human Services - Child Welfare Services (DHHS - CWS) through the coverage expiration date. \$2,000,000 for each occurrence, \$4,000,000 annual aggregate as required by contract under Professional Liability.

The County of Humboldt, its agents, officers, officials, employees and volunteers are included as an Additional Covered Party. This coverage shall be Primary to the Certificate Holder's coverage.



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Authorized Representative

Issue Date: 6/26/2020