



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/04/2020

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).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>E-MAIL ADDRESS:</b> certificates@willis.com		<b>FAX (A/C, No):</b> 1-888-467-2378													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Westchester Surplus Lines Insurance Compan</td> <td>10172</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C: XL Specialty Insurance Company</td> <td>37885</td> </tr> <tr> <td>INSURER D: Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Insurance Compan	10172	INSURER B: Greenwich Insurance Company	22322	INSURER C: XL Specialty Insurance Company	37885	INSURER D: Lexington Insurance Company	19437	INSURER E:		INSURER F:
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<b>INSURED</b> The Salvation Army - Division 4 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275																

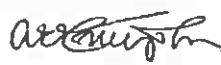
**COVERAGES**      **CERTIFICATE NUMBER:** W18677057      **REVISION NUMBER:**

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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Self Insured Retention: <input checked="" type="checkbox"/> \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	G7183119A001	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Auto Liability - CA			RAE500021810	10/01/2020	10/01/2021	Any Auto / CSL \$3,000,000 Self-Insd Retention \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This Voids and Replaces Previously Issued Certificate Dated 10/02/2020 WITH ID: W18183232.

Division #04-070  
 HHAP  
 SEE ATTACHED

<b>CERTIFICATE HOLDER</b>  County of Humboldt Attn: Risk Management 825 Fifth Street, Room 131 Eureka, CA 95501	<b>CANCELLATION</b>  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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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Willis Towers Watson Insurance Services West, Inc.		<b>NAMED INSURED</b> The Salvation Army - Division 4 30840 Hawthorne Blvd., Bldg D Rancho Palos Verdes, CA 90275	
<b>POLICY NUMBER</b> See Page 1		<b>EFFECTIVE DATE:</b> See Page 1	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

CA-Business Auto is fully Self-Insured per the attached State Certificate.

County of Humboldt, its agents, officers, officials, employees and volunteers are included as an Additional Insured as respects to General Liability as required by written contract or agreement. General Liability policy shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insureds as required by written contract or agreement.

Waiver of Subrogation applies in favor of Additional Insureds with respects to General Liability as required by written contract or agreement.

**INSURER AFFORDING COVERAGE:** XL Specialty Insurance Company **NAIC#:** 37885  
**POLICY NUMBER:** RWE500047505 **EFF DATE:** 10/01/2020 **EXP DATE:** 10/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Workers Compensation	E.L. Each Accident	\$1,000,000
CA	EL Each Employee	\$1,000,000
	Retention:	\$1,000,000

**ADDITIONAL REMARKS:**  
 Excess Workers Compensation Policy No. RWE500047505 provides coverage in the state of CA  
 CA-Workers Compensation is fully Self-Insured per the attached State Certificate

**INSURER AFFORDING COVERAGE:** Lexington Insurance Company **NAIC#:** 19437  
**POLICY NUMBER:** 6791603 **EFF DATE:** 12/01/2019 **EXP DATE:** 12/01/2020

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Healthcare Professional Liab.	Aggregate Limit:	\$10,000,000
Claims Made	Each Medical Limit:	\$5,000,000
	Retroactive Date -	06/01/1990

**DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF SELF-INSURANCE PLANS**

11050 Olson Drive, Suite 230  
Rancho Cordova, CA 95670  
Phone No. (916) 464-7000  
FAX (916) 464-7007



**CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION**

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **0566** was issued by the Director of Industrial Relations to:

**The Salvation Army**

under the provisions of Section 3700, Labor Code of California with an effective date of **November 15, 1933**. The certificate is currently in full force and effective.

Dated at Sacramento, California  
This day the 20th of April 2017

A handwritten signature in cursive script, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Craig Nicles  
Director Of Claims Management  
The Salvation Army  
180 East Ocean Boulevard, 10th Floor  
Long Beach, Ca 90802



## CERTIFICATE OF SELF-INSURANCE

This is to certify that:

The Salvation Army

NAME OF SELF-INSURER

30840 Hawthorne Boulevard, Rancho Palos Verde, California 90275

ADDRESS, CITY, STATE, ZIP

has been approved as a Self-Insurer under the California Compulsory Financial Responsibility

Law and assigned Self-Insurance # 202 pursuant to Section 16053 of the *California*

*Vehicle Code* for the period August 19, 2020 through August 18, 2021.

**MANAGER**

Financial Responsibility Unit  
Department of Motor Vehicles