

September 3, 2021

JAMIE LEE EVANS 574 ROSAL AVE STE A OAKLAND CA 94610

## **Policy Information:**

Policy Number: 57 SBM BL1017



**Business Service Center** 

**Business Hours:** Monday - Friday (7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730 **Fax:** (888) 443-6112

**Email:** agency.services@thehartford.com **Website:** https://business.thehartford.com

Enclosed please find information pertaining to your policy. Please contact us if you have any questions or concerns.

Thank you for selecting The Hartford for your business insurance needs.

Sincerely,

Your Hartford Service Team



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2021

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 be endorsed. If SUBROGATIONIS 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).

		onfer rights to the certificate h	older	in lieu o	f such endorsemen	t(s).				
PROI			21/		CONTACT NAME:					
JEFFREY WONG INSURANCE AGENCY 57101910			PHONE (707 (A/C, No, Ext):	() 661.1266			39-4684			
638	1/2	FIRST STREET STE C			E-MAIL ADDRESS:					
BENICIA CA 94510				INSURER(S) AFFORDING COVERAGE			NAIC#			
					INSURER A: Sentin	INSURER A: Sentinel Insurance Company Ltd.				
INSU	RED				INSURER B :		· ,			
JAN	ΙΕΙ	LEE EVANS			INSURER C :	INSURER C:				
574 ROSAL AVE STE A			INSURER D :	INSURER D :						
OAr	LA	ND CA 94610-1620			INSURER E :					
					INSURER F :					
CO	/ER	RAGES C	ERTIF	ICATE N	NUMBER:		REVIS	ION NUMBER:		
IN Ce	DIC/ RTI RM	S TO CERTIFY THAT THE POLICIE ATED.NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR M S, EXCLUSIONS AND CONDITIONS	EQUIR AY PE S OF SI	EMENT, 1 RTAIN, 1	TERM OR CONDITION THE INSURANCE AFFO ICIES. LIMITS SHOWN	OF ANY CONTRAC	OT OR OTHER I	DOCUMENT WITH RESPEC CRIBED HEREIN IS SUBJI AID CLAIMS.	T TO WHICH THIS	
LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/Y YYY)	LIMITS		
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000	
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$1,000,000	
۸	Х	General Liability	X		57 SBM BL1017	10/02/2021	10/02/2022	MED EXP (Any one person) PERSONAL & ADV INJURY	\$10,000 \$2,000,000	
Α	CE	 N'L AGGREGATE LIMIT APPLIES PER:	_ ^		37 SBIVI BL 1017	10/02/2021	10/02/2022	GENERAL AGGREGATE	\$4,000,000	
	GEI	POLICY PRO- V LOC						PRODUCTS - COMP/OP AGG	\$4,000,000	
		OTHER:						TROBUGIO GOMINIO AGO	ψ 1,000,000	
	AU'	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
		ANY AUTO						BODILY INJURY (Per person)		
Α		ALL OWNED SCHEDULED AUTOS			57 SBM BL1017	10/02/2021	10/02/2022	BODILY INJURY (Per accident)		
	Х	HIRED X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE		
		DED RETENTION \$								
		RKERS COMPENSATION D EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ΑN	Y Y/N						E.L. EACH ACCIDENT		
		OPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/ A					E.L. DISEASE -EA EMPLOYEE		
	If ye	undatory in NH) es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
			<u></u>							
		TION OF OPERATIONS / LOCATIONS / V sual to the Insured's Operations							attached to this	
polic		sual to the mouleus Operations	. Ceru	110ate 1101	iuci is ali audiliolidi II	isuieu pei liie Bu	onicoo Liabilily	Coverage i Ulli 330006	attached to this	
•	•	FICATE HOLDER				CANCELLA	TION			
County of Humboldt 825 5TH ST RM 131					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
EUREKA CA 95501				-	AUTHORIZED REPRESENTATIVE					

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Susan S. Castaneda



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	ot confer rights to the certificate h	older	in lieu	of such endorsement	(s).					
PRODUCER			CONTACT NAME:	CONTACT NAME:						
JEFFREY WONG INSURANCE AGENCY 57101910			PHONE (707)	PHONE (707) 634-7253 FAX (707) 339-46						
	1/2 FIRST STREET STE C			(A/C, No, Ext):			(A/C, No):			
	VICIA CA 94510			E-MAIL ADDRESS:	E-MAIL ADDRESS:					
<i>D</i>	100000000000000000000000000000000000000				INSURER(S) AFFORDING COVERAGE					
				INSURER A: Sentine	el Insurance Cor	npany Ltd.		11000		
INSURED			INSURER B:	INSURER B:						
	ME LEE EVANS			INSURER C:	INSURER C:					
574 ROSAL AVE STE A OAKLAND CA 94610-1620				INSURER D :	INSURER D:					
CUITUIND ON 940 10-1050				INSURER E :	INSURER E :					
				INSURER F:						
CO	VERAGES C	ERTIF	ICATE	NUMBER:		REVIS	ION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIE									
	DICATED.NOTWITHSTANDING ANY RI									
	ERTIFICATE MAY BE ISSUED OR MA ERMS, EXCLUSIONS AND CONDITIONS							JECT TO ALL THE		
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s		
LTR	COMMERCIAL GENERAL LIABILITY	INSR	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	\$2,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$1,000,000		
	X General Liability						PREMISES (Ea occurrence)  MED EXP (Any one person)	\$10,000		
Α	7	х		57 SBM BL1017	10/02/2021	10/02/2022	PERSONAL & ADV INJURY	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000		
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$4,000,000		
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
	ANY AUTO						BODILY INJURY (Per person)			
Α	ALL OWNED SCHEDULED AUTOS AUTOS			57 SBM BL1017	10/02/2021	10/02/2022	BODILY INJURY (Per accident	t)		
	X HIRED X NON-OWNED						PROPERTY DAMAGE			
	AUTOS AUTOS						(Per accident)			
	UMPRELLA LIAR OCCUR						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-						AGGREGATE			
	MADE PETENTION C						7.001.1207.12			
	DED RETENTION \$ WORKERS COMPENSATION				-		PER OTH	-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  N/ A						STATUTE ER				
		A				E.L. EACH ACCIDENT				
						E.L. DISEASE -EA EMPLOYE	E			
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - POLICY LIMIT	-		
	DESCRIPTION OF OPERATIONS below				-					
DESC	CRIPTION OF OPERATIONS / LOCATIONS / V	EHICLF	S (ACORI	0 101. Additional Remarks Sc	 chedule, may be atta	ched if more space	e is required)			
	se usual to the Insured's Operations					-	• •	8 attached to this		
polic	•				· 					

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
Attention: Risk Management	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
825 5TH ST RM 131	IN ACCORDANCE WITH THE POLICY PROVISIONS.
EUREKA CA 95501-1107	AUTHORIZED REPRESENTATIVE
	Sugan S. Castaneda

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