THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLD CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provision endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endored statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA CONTACT FRAX (ACC, No, Ext): (888) 202-3007 FAX	POLICIES THORIZED	
endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endors statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA FOON Madiage Avenue FOON Madia	NAIC #	
Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA		
E20 Madison Avenue (A/C, No, Ext): (808) 202-3007 (A/C, No):		
32nd Floor E-MAIL ADDRESS: contact@hiscox.com		
New York, New York 10022 INSURER(S) AFFORDING COVERAGE	10200 	
INSURER A : Hiscox Insurance Company Inc		
INSURED INSURE B : INSURE B :		
936 W. 18th St.		
Merced, CA 95340		
INSURER F :		
COVERAGES CERTIFICATE NUMBER: 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 TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS		
X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000	0,000	
CLAIMS-MADE X OCCUR DAMAGE TO RENTED STORE \$ 100,0	000	
A Y P100.045.627.2 01/14/2022 01/14/2023 processory & 5,000		
PERSONAL & ADV INJURY \$ 1,000	•	
	Gen. Agg.	
AUTOMOBILE LIABILITY \$		
ANY AUTO BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS BODILY INJURY (Per accident) \$		
HIRED AUTOS NON-OWNED AUTOS S		
\$		
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE AGGREGATE \$		
DED RETENTION \$ \$ WORKERS COMPENSATION PER OTH- STATUTE		
OFFICER/MEMBEREXCLUDED?		
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT		
A Professional Liability Y P100.044.777.2 01/14/2022 01/14/2023 Each Claim: \$ 2,000,000 Aggregate: \$ 2,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Humboldt County, and its agents, officers, officials, employees and volunteers, are covered as additional insured for liability arising out of the operations performe d by, or on behalf of, Community Initiatives for Collective Impact.		
a by, or on bonan of, community militatives for conective impact.		
CERTIFICATE HOLDER CANCELLATION		
County of Humboldt		
825 Fifth Street SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE Room 131 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI Eureka, CA 95501 ACCORDANCE WITH THE POLICY PROVISIONS.		
AUTHORIZED REPRESENTATIVE		
Kennik		
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