

CERTIFICATE OF LIABILITY INSURANCE

12/31/2023

DATE (MM/DD/YYYY) 12/29/2022

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).

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|---|--|---|-------------------|------------|--|
| PRODUCER | Lockton Companies | CONTACT NAME: | | | |
| | Three City Place Drive, Suite 900 | PHONE (A/C, No, Ext): | FAX (A/C, No): | | |
| | St. Louis MO 63141-7081 (314) 432-0500 | E-MAIL ADDRESS: | | | |
| | (314) 432-0300 | INSURER(S) AFFORDING COVERAGE | | NAIC# | |
| | | INSURER A: Continental Casualty Company | r | 20443 | |
| INSURED | CONSOR North America, Inc. 11017 Cobblerock Drive, Suite 100 Rancho Cordova CA 95670-6286 | INSURER B: Great American Insurance Company 16 | | | |
| 1407115 | | INSURER c: National Fire Insurance Co of Hartford | | 20478 | |
| | | INSURER D: AXIS Surplus Insurance Comp | any | 26620 | |
| | | INSURER E : | | | |
| | | INSURER F: | | | |
| COVERA | GES CERTIFICATE NUMBER: 1737930 | 7 REVISION NUM | IBER: XX | XXXXX | |
| INDICAT | TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA ED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION | OF ANY CONTRACT OR OTHER DOCUMENT WITH | H RESPECT TO \ | WHICH THIS | |
| CERTIFI | CATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORD | ED BY THE POLICIES DESCRIBED HEREIN IS SUF | BJECT TO ALL T | THE TERMS. | |

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.

| INSURANCE | ADDL SUBR | INSURANCE | POLICY EFF | POLICY EXP |

| Ц | TR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
|---|----|---|-------|-----|-------------------|--------------|--------------|---|--------------|
| | A | X COMMERCIAL GENERAL LIABILITY | Y | N | 7036360752 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE \$ DAMAGE TO RENTED | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) \$ | 15,000 |
| | | | | | | | | PERSONAL & ADV INJURY \$ | 1,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 |
| | | OTHER: | | | | | | \$ | 5 |
| | A | AUTOMOBILE LIABILITY | N | N | 7036360766 | 12/31/2022 | 12/31/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 2,000,000 |
| | | X ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | 3 XXXXXXX |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ | XXXXXXX |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | XXXXXXX |
| | | | | | | | | \$ | XXXXXXX |
| | В | X UMBRELLA LIAB X OCCUR | N | N | TUE 3274463 03 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE \$ | 10,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ | 10,000,000 |
| | | DED RETENTION \$ | | | | | | | XXXXXXX |
| | С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Y | 7036465081 (AOS) | 12/31/2022 | 12/31/2023 | X PER OTH- | |
| | C | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | 7036441749 (CA) | 12/31/2022 | 12/31/2023 | E.L. EACH ACCIDENT \$ | 1,000,000 |
| | | (Mandatory in NH) | 117.7 | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 |
| L | | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 1,000,000 |
| | D | Professional & Environmental Liability | N | N | EBZ634816/01/2022 | 12/31/2022 | 12/31/2023 | \$10,000,000 per Claim \$10,000,000 Aggregate Deductible: \$200,000 | |
| | | 1 | ı | 1 | | I | | l . | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Pine Hill Road Bridge Over Swain Slough/DPW Agreement No. 594020

| CERTIFICATE HOLDER | | CANCELLATION See Attachment |
|--------------------|---|--|
| | 17379307 County of Humboldt Attn: Jeff Ball | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | 1106 Second St Eureka CA 95501-0579 | AUTHORIZED REPRESENTATIVE |

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| County of Humboldt, its officers, officials, employees and volunteers are included as additional insureds if required by written contract with respect to General Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of County of Humboldt, its officers, officials, employees and volunteers if required by written contract with respect to Workers' Compensation per the terms and conditions of the policy where permitted by state law. A waiver of subrogation applies in favor of County of Humboldt, its officers, officials, employees and volunteers if required by written contract with respect to Workers' Compensation per the terms and conditions of the policy where permitted by state law. |
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| respect to workers Compensation per the terms and conditions of the policy where permitted by state law. |
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ACORD 25 (2016/03) Certificate Holder ID: 17379307



County of Humboldt Attn: Jeff Ball 1106 Second St Eureka CA 95501-0579

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **17379307.**

Email: STL-edelivery@lockton.com Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for providing e-Delivery email addresses for next year's renewal certificates ONLY. Your information will be input within 90 days.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies