		AP	R 11 2 2017	
ACORD [®] C	ERTIFICATE OF LI	ABILITY INSURA	NCE	DATE (MM/00/YYYY) 4/4/2017
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	TIVELY OR NEGATIVELY AMEN SURANCE DOES NOT CONSTIT ND THE CERTIFICATE HOLDER.	D, EXTEND OR ALTER THI UTE A CONTRACT BETWE	E COVERAGE AFFORDED EN THE ISSUING INSURE	BY THE POLICIES ER(S), AUTHORIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the terms and conditions of	the policy, certain policies such endorsement(s).		
PRODUCER Commercial Lines - (707) 769-2900		CONTACT NAME: PHONE	FAX (A/C, N	
Wells Fargo Insurance Services USA, Inc.	- CA Lic#: 0D08408	(A/G, No. Exi); E-MA(L ADDRESS;	(A/C, N	<u>o):</u>
1039 N. McDowell Blvd. Petaluma, CA 94954-1173		0	AFFORDING COVERAGE	NAIC #
INSURED	· · · · · · · · · · · · · · · · · · ·		nsurance Company	37885
Eel River Disposal Co., Inc. P.O. Box 266		INSURER C :		
		INSURER D ; INSURER E :		
Fortuna CA 95540		INSURER F :		
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI	RTIFICATE NUMBER: 1167201 S OF INSURANCE LISTED BELOW H FOUREMENT TERM OR CONDITION	AVE BEEN ISSUED TO THE IN	REVISION NUMBER:	THE POLICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, THE INSURANCE AFFOR	RDED BY THE POLICIES DESC	RIBED HEREIN IS SUBJECT	TO ALL THE TERMS,
INSR TYPE OF INSURANCE	ADDLISUBR	POLICY EFF POLICY (MM/DD/YYYY) (MM/DD/		MITS
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X GEC3001248	02/14/2017 02/14/	2018 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E0 occurrence)	s 1,000.000 s 300,000
			MED EXP (Any one person)	s . 10.000
GEN'L AGGREGATE LIMIT APPLIES PER:			PERSONAL & ADV INJURY	5 1,600,000
			GENERAL AGGREGATE PRODUCTS - COMPIOP AG	S 2,000,000 G S 2,000,000 \$ \$ \$
B AUTOMOBILE LIABILITY	AEC0049301	02/14/2017 02/14/2	2018 COMBINED SINGLE LIMIT	\$ 1,000,000
X ANY AUTO	Light Vehicles Only		BODILY INJURY (Per person BODILY INJURY (Per accide	·
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE	\$
	UEC0049299			S
B X. EXCESS LIAB CLAIMS-MADE		02/14/2017 02/14/	2018 EACH OCCURRENCE AGGREGATE	s 3,000,000 s 3,000,000
DED X RETENTION S 10,000				s
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE			ELL EACH ACCIDENT	
OFFICERMEMBEREXCLUDED?	N/A		E.L. DISEASE - EA EMPLOY	
DESCRIPTION OF OPERATIONS below	AEC0049300	02/14/2017 02/14/2	E.L. DISEASE - POLICY LIMI 2018 \$1,000,000 Combined Single	
B Auto Llability Med, Hvy & X-Hvy Vehicles				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD 101, Additional Remarks Sche	dule, may be altached if more space is	required)	
CG20100413 RE: Paper Contract.				
County of Humboldt, its Board of Supervise the attached endorsement referenced above		are additional insured under t	he general liability for the ab	ove referenced per
CERTIFICATE HOLDER		CANCELLATION	<u></u>	
	·····			
County of Humboldt;Clerk of Humboldt Co Board of Supervisors 1106 2nd Street	unty		DVE DESCRIBED POLICIES BE THEREOF, NOTICE WILL POLICY PROVISIONS.	
Eureka CA 95501		AUTHORIZED REPRESENTATIVE		
,	۰. ۲		Jean Branking	
	me and logo are registered mar	ks of ACORD @ 1988-201	5 ACORD CORPORATION	. All rights reserved.
ACORD 25 (2016/03) (The certificate repeaced contact 11871833 sound on 4/4/2017)			DALGBYO-	14/002564/02/04/0/0/0/0

1

٠

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by;
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these. additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

.

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

CG 20 10 04 13

ż



Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt;Clerk of Humboldt County Board of Supervisors 1106 2nd Street Eureka CA 95501

Would you like to receive this certificate via email or fax?

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes;

Client ID: 282959 Cert ID: 11672013 Passcode: C0B41425

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly,



282959

٦

ACORD [®] C	ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	EAPR 12 201 DATE	(MM/DD/YYYY) /4/2017
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA ND T	Y OF NCE HE C	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE TE A C	ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED BY THE THE ISSUING INSURER(S), AI	E POLICIES JTHORIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to ti	he te	rms and conditions of th	e polic	cy, certain p	olicies may i		
PRODUCER	****			CONTA NAME:		· · · · · ·		
Commercial Lines - (707) 789-2900 Wells Fargo Insurance Services USA, Inc.	- CA I	_ic#: (0 D08408	PHONE (A/C, No E-MAIL ADDRE		····	FAX (A/G, No);	
1039 N. McDowell Blvd.			,	HUDRE		URER(S) AFFOR	IDING COVERAGE	NAIC #
Petaluma, CA 94954-1173				INSURE		wich Insuranc		22322
INSURED				INSURE	RB: XLSpe	ecialty Insura	nce Company	37885
Eel River Disposal Co., Inc.				INSURE	RC:			
P.O. Box 266				INSURE	RD:			
				INSURE	RE:			
Fortuna CA 95540			44070004	INSURE	RF:			<u> </u>
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 11672024		N ISSUED TO		REVISION NUMBER: See bel	
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR TYPE OF INSURANCE		SUBR		,		POLICY EXP (MM/DO/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	X	AN VID	GEC3001248		02/14/2017	02/14/2018	EACH OCCURRENCE \$	1,000,000
						:	PREMISES (En occurrance) S MED EXP (Any one person) S	300,000 10,000
							PERSONAL & ADVINURY S	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000.000
X POLICY PRO-							PRODUCTS - COMP/OP AGG S	2,000,500
B AUTOMOBILE LIABILITY	}				0.014 4 100 4 10	0014 (10010	S COMBINED SINGLE LIMIT	
X ANY AUTO			AEC0049301		02/14/2017	02/14/2018	COMBINED SINGLE LIMIT S (En accident) BODILY INJURY (Per person) S	1,000,000
			Light Vehicles Only				BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	
AUTOS ONLY AUTOS ONLY							(Per accident) 3	
UMERELLA LIAB CCCUR			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE S	
EXCESS LIAB CLAIMS-MADE							AGGREGATE S	
DED RETENTION \$	1	. 1					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				·			STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$	
CFFICER/MEMBEREXCLUDED?	" '^						E.L. DISEASE - EA EMPLOYEE S	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	
B Auto Liability Med, Hvy & X-Hvy Vehicles		* 1	AEC0049300		02/14/2017	02/14/2018	\$1,000,000 Combined Single Limit (Symb	ol 1)
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL CG20100413,XIL 424 0605 RE: Redway			-	le, may bi	e attached if more	e space is require	ed)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The County, its officers, employees and ag referenced above. Insurance is primary wit								per
policy.								
	·			0.4410			<u> </u>	
CERTIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·	CANC	ELLATION		, a successive and a successive succes	·
County of Humboldt				SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CANCELI	LED BEFORE
1106 Second Street							EREOF, NOTICE WILL BE DE	LIVERED IN
Eureka, CA 95501				AUC			T PROVISIONS.	
				AUTHO	RIZED REPRESEI	NTATIVE		
						Jean	Binh	
	ne ==	nd Io	no are registered marks	ofAC	ORD @ 19	<u>1</u>	ORD CORPORATION. All rig	his reserved
ACORD 25 (2016/03)	ai							
(This cert licely replaces cert licele# \$1671823 issued on 4/4/2017)							*CYB01A047092585/02/	35/0/0/0/0*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

í

CG 20 10 04 13



ENDORSEMENT

This endorsement, effective 12:01 a.m., 02-14-2017, forms a part of

Policy No. GEC3001248 issued to Eel River Disposal Co., Inc.

by Greenwich Insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY INSURANCE CLAUSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

It is agreed that to the extent that insurance is afforded to any Additional Insured under this policy, this insurance shall apply as primary and not contributing with any insurance carried by such Additional Insured, as required by written contract.

All other terms and conditions of this policy remain unchanged,

XIL 424 0605 ©, 2005, XL America, Inc.



Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt 1106 Second Street Eureka, CA 95501

Would you like to receive this certificate via email or fax?

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes;

Client ID: 282959 Cert ID: 11672024 Passcode: 8BF528C2

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly.



					for the	LITS TO			
ACORD [®] C	ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E		(MM/DD/YYYY) 1/4/2017
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVEL SUR/ ND T	Y OF ANCE He C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT CONTRACT	ER THE CO BETWEEN 1	VERAGE AFFORDED THE ISSUING INSURER	BY THI R(S), Al	e policies Uthorized
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to t	he te	rms and conditions of th	ne poli uch en	cy, certain p dorsement(s	olicies mav	NAL INSURED provisio require an endorsemer	nsorb nt. Ast	e endorsed. latement on
PRODUCER Commercial Lines - (707) 769-2900				NAME	CT [.]				
Wells Fargo Insurance Services USA, Inc.		i iette	0008408	PHONE	9. Exi): SS:		FAX (A/C, No)	<u>(</u>	
1039 N. McDowell Blvd.	0/1		000000	ADDRE	<u>\$9:</u>				1 :
Petaluma, CA 94954-1173					~	and the second sec	RDING COVERAGE		NAIC#
INSURED			•. •	INSURE		wich Insurance	nce Company		22322 37885
Eel River Disposal Co., Inc.				INSURE		aciality insural	nce Company	1	37000
P.O. Box 266				INSURE		, , , , , , , , , , , , , , , , , , ,			
				INSURE					
Fortuna CA 95540				INSURE					
			NUMBER: 11672042	•			REVISION NUMBER:	See bel	ow
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT	remei Fain.	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an Fd by	Y CONTRACT	OR OTHER I	Document with Respe	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR		OCCN P		PAID CLAIMS. POLICY EXP (MIWOD/YYYY)	LIMI		
A X COMMERCIAL GENERAL LIABILITY		WYO	GEC3001248	•			EACH OCCURRENCE	5	1,000,000
CLAIMS-MADE X OCCUR			GEC3001246		02/14/2017	02/14/2018	DAMAGE TO RENTED PREMISES (Es occurrence)	s	300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	5	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X POLICY JECT LOC							PRODUCTS - COMP/OP AGG	5	2,000,000
OTHER	<u> </u>	ļ			ويتعاد والمتحافظ التحاف التحاف			5	
	ľ		AEC0049301		02/14/2017	02/14/2018	COMBINED SINGLE LIMIT (Eo accident)	s	1,000,000
	1		Light Vehicles Only				BODILY INJURY (Per person)	3	
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	·	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	
	<u> </u>		UEC0049299		02/14/2017	02/14/20149	EACH OCCURRENCE	+	3,000,000
A EXCESS LIAB CLAIMS-MADE			5600045250		UZI 14(ZU) (02/ 14/20 10	AGGREGATE	<u>5</u> S	3,000,000
DED X RETENTIONS 10,000	-					ľ		s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1						PER OTH- STATUTE ER	1	
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	5	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	5	
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	5	
8 Auto Llability Med, Hvy & X-Hvy Vehicles			AEC0049300		02/14/2017	02/14/2018	\$1,000,000 Combined Single Li	mil (Symbo 1	o! 1)
				<u> </u>					-*
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC CG20100413 RE: The Southern Contained collection and disposal of garbage or solid	Sites	s/Fern						nchise fo	or the
The Ferndale Franchise/Compacted Haul, Humboldt are additional Insured under the	l'he S gene	iouthe rai IIai	ern Container Sites, Fortun bility per the attached endo	a Area orseme:	Franchise and nt referenced	d Redway Tra above,	ansfer Station, and The C	County o	of
CERTIFICATE HOLDER				CANC	ELLATION				
			[
County of Humboldt			ľ				ESCRIBED POLICIES BE C REOF, NOTICE WILL		
1106 2nd Street							Y PROVISIONS.	DE DEI	
Eureka CA 95501						ā			
				AUTHOR	NZED REPRESEN		A		
						Gean	Braha		
		ad In .	jo are registered marks			•		A ()	
ACORD 25 (2016/03)								Au righ	ns reserved.
(Tris confictio indiaces confilcates 11972023(ssued on 4/42017)	1								
	1		o orim amitramo antar manifika armana amite mutaari		I A MILLAN I DECARL MED FIL FA	BIF WHITE ONLY FIND	TOYRDIAD44	167570月17月	4/N/N/N/N*

APR 11 2 2017

282959

ł .

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

.

CG 20 10 04 13



CYB01A04/002570/04/04/0/0/0/0

Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt 1106 2nd Street Eureka CA 95501

Would you like to receive this certificate via email or fax?

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes:

Client ID: 282959 Cert ID: 11672042 Passcode: - BCE8551A

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly.



ACORD

APR 12 2017 CERTIFICATE OF LIABILITY INSURANCE

282959

DATE (MM/DD/YYYY) 414/0047

THIS CERTIFICATE IS ISSUED AS A	MATTER	OF INFORMATION ONLY	AND CONFERS	NO RIGHTS	UPON THE CERTIFICATE HO	LDER. THIS
CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED BY TH	e policies
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	is an AD t to the t	DITIONAL INSURED, the perms and conditions of the	ne policy, certain p	olicies may	VAL INSURED provisions or b require an endorsement. A s	e endorsed. tatement on
PRODUCER			CONTACT NAME: PHONE	<u> </u>		
Commercial Lines - (707) 769-2900		0840.460	LEARS NO. EXUS-		FAX (A/C, No):	· · · · · · · · · · · · · · · · · · ·
Wells Fargo Insurance Services USA, Inc. 1039 N. McDowell Blvd.	- CA Lig#:	0008408	E-MAIL ADDRESS:			
Petaluma, CA 94954-1173			A		RDING COVERAGE	NAIC#
INSURED				wich Insurand		22322
Eel River Disposal Co., Inc.			INSURER B: XL SP	ecially insura	nce Company	37060
P.O. Box 266			INSURER D :			
			INSURER E :			······································
Fortuna CA 95540			INSURER F :			
		E NUMBER: 11672026,			REVISION NUMBER: See be	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	or other i	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR . TYPE OF INSURANCE	ADDLISUB	POLICY NUMBER	POLICY EFF (MM/OD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	GEC3001248	02/14/2017	02/14/2018	EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) S	1,000,000
				· .	MED EXP (Any one person) S	10,COD
				:	PERSONAL & ADV INJURY 5	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					GENERAL AGGREGATE S	2,000,000
					PRODUCTS - COMP/OP AGG S	2,000,000
B AUTOMOBILE LIABILITY		AEC0049301	02/14/2017	02/14/2018	COMBINED SINGLE LIMIT S	1,000,000
X ANY AUTO		Light Vehicles Only			BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE \$	
		UEC0049299			\$ <u></u>	
B OMBRELLA LIAB A OCCUR X EXCESS LIAB CLAIMS-MADE		0600049299	02/14/2017	02/14/2018	EACH OCCURRENCE S	3,000,000 3,000,080
DED X RETENTIONS 10,000					S S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				••	PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A			•	E.L. EACH ACCIDENT \$	·
(Mandetory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below B Auto Liability		AEC0049300	02/14/2017	02/14/2018	E.L. DISEASE - POLICY LIMIT \$ \$1,000,000 Combined Single Limit (Symt	
Med, Hvy & X-Hvy Vehicles			021112011	02/14/2010	a rooolooo combined single camil(synn	ני יטי
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACOR	101 Additional Remarks Schedul	e, may be attached if mo			
CG20100413 RE: Weolt/Myers Flat Exclusion					•	
The Weott/Myers Flat Area of Humboldt Co allached endorsement referenced above.	ounty and	County of Humboldt are ad	ditional insured und	er (ne genera)	liability for the above reference	i per ine
CERTIFICATE HOLDER			CANCELLATION	<u>.</u>	1 <u></u>	
JER HINATE HOLDER		i i i i i i i i i i i i i i i i i i i	CANGELATION			
County of Humboldt					ESCRIBED POLICIES BE CANCEL	
1106 2nd Street			ACCORDANCE W		REOF, NOTICE WILL BE DE Y PROVIS <mark>IONS</mark> .	WALKED IN
Eureka CA 95501						<u></u>
			AUTHORIZED REPRESE			
t				yearin	Braha	
	ne and lr	uco are registered marks	of ACORD @ 19	88-2015 AC	ORD CORPORATION. All rig	hts reserved

ACORD 25 (2016/03)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished, in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

CG 20 10 04 13



Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt 1106 2nd Street Eureka CA 95501

Would you like to receive this certificate via email or fax?

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes:

Client ID: 282959 Cert ID: 11672026 Passcode: 93EDEDFD

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly.



					AP	R 122	D 17	282959		
A	CORD [®] C	ER	ŢIF	ICATE OF LIA		••		E		(MM/DD/YYYY) /4/2017
C B R	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SUR/ ND 1	Y OI ANCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTEI TE A C	ND OR ALT	ER THE CO BETWEEN 1	VERAGE AFFORDED I THE ISSUING INSURER	BY THE R(S), AL	POLICIES
11	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec his certificate does not confer rights	t to t	he te	rms and conditions of th	ne polic uch en	sy, certain p torsement(s	olicies mav	VAL INSURED provision require an endorsemen	nsorbe t.Ast	endorsed. atement on
	oucer mmercial Lines - (707) 769-2900				CONTA NAME:	CT	·····	· · · · · · · · · · · · · · · · · · ·		
	lis Fargo insurance Services USA, Inc.	- CA	Lic#:	0D08408	PHONE (A/C, No E-MAIL			A/C, No)		
	9 N. McDowell Blvd.				ACORE			IDING COVERAGE		
Pet	aluma, CA 94954-1173				INSURE		wich insurand			NAIC# 22322
	ired River Disposal Co., Inc.				INSURE	<mark>кв:</mark> XLSp	eclaity Insura	nce Company		37885
	. Box 266				INSURE	RC:				
					INSURE		28,000- ¹¹⁰ -110 ⁰ /28 ⁻¹¹⁰ -110-110-110-110-110-110-110-110-11			
For	tuna CA 95540				INSURE					
<u> </u>				NUMBER: 11672038				REVISION NUMBER: S		
T) IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY R		INSU	RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POL	ICY PERIOD
E	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT	iain, Cies.	THE INSURANCE AFFORD	ED BY 1	THE POLICIE	s describei Paid Claims,	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	O ALL 1	WHICH THIS THE TERMS,
LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	1	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYY)	Limi	8	
A	CLAIMS-MADE X OCCUR	X		GEC3001248		02/14/2017	02/14/2018	EACH OCCURRENCE DAMAGE TO RENTED	5	1,000,000
								PREMISES (Es accurrence) MED EXP (Any one person)	S	300,000 10,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			,				GENERAL AGGREGATE	s	2.000,000
	X POLICY BO							PRODUCTS - COMP/OP AGG	s	2,000,000
В				1500040004		004400047	00114/0040	COMBINED SINGLE LIMIT	<u>\$</u>	
	X ANY AUTO			AEC0049301 Light Vehicles Only		02/14/2017	02/14/2018	COMBINED SINGLE LIMIT (Calactident) BODILY INJURY (Per person)	5	1,000,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY			<i>,</i>				PROPERTY DAMAGE	\$	
									\$	
В	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS MADE			UEC0049299		02/14/2017	02/14/2018	EACH OCCURRENCE	5	3,000,000
	X EACESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000							AGGREGATE	5	3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	5	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	s	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
в	DESCRIPTION OF OPERATIONS below			AEC0049300		02/14/2017	00/44/00/48	E.L. DISEASE - POLICY LIMIT		
-	Auto Liability Med, Hvy & X-Hvy Vehicles			A200043300		02/14/2017	02/14/2018	\$1,000,000 Combined Single Lin	nit (Symbo	11)
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	.ES (A	CORD	101, Additional Remarks Scheduk	e, may be	attached if more	space is require	d)		
¢G:	20100413 RE: Solid Waste Collection fo	or Wil	low C	reek Area of Humboldt Co	unty			•		
The	County of Humboldi, its officers, emplo	vees	and	agents are included as add	itional i	nsured with r	ecards to Ge	neral Liability per attache	d endor	sement
refe	renced above.	-		· .				· · · · · · · · · · · · · · · · · · ·		
CER	TIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·	CANC	ELLATION				
C					BHO					
	inly of Humboldl Itract Administrator				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CAREOF, NOTICE WILL		
	6 2nd Street				ACCO	IRDANCE WIT	H THE POLICY	PROVISIONS.		
Ευτ	eka CA 95501			ŀ	AUTHOR	ZED REPRESEN	TATIVE	<u>,</u>		
							Quan.	Braha		
_				no are registered marks						

ACORD 25 (2016/03)

ł

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

CY801A04/002569/02/04/0/0/0/0

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or .

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

CG 20 10 04 13



CYB91A04/002569/04/04/0/0/0/0

Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt Contract Administrator 1106 2nd Street Eureka CA 95501

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes:

Client ID: 282959 Cert ID: 11672038 Passcode: AE9FB65D

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly.



AC	ORE	<i>.</i>
<u> </u>		

1 **f**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2017

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY O SURANCE ND THE C	r Negatively Amend, E does not constitu Certificate Holder.	, EXTEND OR	ALTER THE C CT BETWEEN	OVERAGE AFFORDED BY TH THE ISSUING INSURER(S), A	IE POLICIES
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).						
PRODUCER			CONTACT- NAME:			
Commercial Lines - (707) 769-2900		0000405	PHONE (A/C, No, Ext):		FAX (AIC, No):	annan ann an Anna an Anna an Anna an Anna Ann
Wells Fargo Insurance Services USA, Inc.	- CA Lic#;	0D08408	E-MAIL ADDRESS:			
1039 N. McDowell Blvd. Petaluma, CA 94954-1173				INSURER(S) AFF	ORDING COVERAGE	NAIC #
			INSURER A: G	reenwich Insura	nce Company	22322
INSURED Eel River Disposal Co., Inc.			INSURER B: X	L Specialty Insur	ance Company	37885
P.O. Box 266			INSURER C :			
1.0. 00/ 200			INSURER D:		aliani-inamondonania eo valilion esse containo ja kai una ny permunaana ina ny masa	
Fortuna CA 95540			INSURER E :			
	TIELCAT	E NUMBER: 11672028	INSURER F			
THIS IS TO CERTIFY THAT THE POLICIES			VE BEEN ISSUE		REVISION NUMBER: See be	IDW
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTE DED BY THE PO BEEN REDUCE	RACT OR OTHER LICIES DESCRIBI D BY PAID CLAIM	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S.	
INSR LTR TYPE OF INSURANCE	ADDL SUBR		POLICY	EFF POLICY EXP	LiMITS	
A COMMERCIAL GENERAL LIABILITY	×	GEC3001248	02/14/2			1,000,000
					MED EXP (Any one person) 5	10,000
					PERSONAL & ADV INJURY S	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG S	2,000,000
B AUTOMOBILE LIABILITY X ANY AUTO		AEC0049301 Light Vehicles Only	02/14/2	017 02/14/2018	COMBINED SINGLE LIMIT \$ (En accident) BOOILY INJURY (Per person) \$	1,000,000
OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) S	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$	4
					5 .	
BUMBRELLA LIAB X OCCUR		UEC0049299	02/14/2	017 02/14/2018	B EACH OCCURRENCE S	3,000,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	3,000,000
DED X RETENTION\$ 10,000					s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER STATUTE ER	
OFFICER/MEMBEREXCLUDED?	N/A				E.L. EACH ACCIDENT \$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE S	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	- <u></u>
		-				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CG20100413 RE: The Southern Container Sites/Ferndale Franchise/Fortuna Area Franchise and Redway Transfer Station. Exclusive Franchise for the collection and disposal of garbage or solid waste.						
The Ferndale Franchise/Compacted Haul, T Humboldt are additional insured under the p	he Southa general lia	ern Container Sites, Fortun bility per the attached endo	a Area Franchis preement refere	e and Redway T nced above.	ransfer Station, and The County	of
	<u> </u>					
CERTIFICATE HOLDER			CANCELLAT	ON		
County of Humboldt 1106 2nd Street			THE EXPIRA		Described Policies be Cancel Ereof, Notice Will be de Cyprovisions.	
Eurexa CA 95501	Eureka CA 95501					
	AUTHORIZED REPRESENTATIVE					
TI AGODE				-		
ACORD 25 (2016/03)		go are registered marks			ORD CORPORATION. All rig	hts reserved.
{This curulicate replaces confilostent 11671802 (source on 44420\$7)					CY901A04062567/02/	74402073/01*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization where required by written contract provided that such contract was executed prior to the date of loss.	All Locations as required per written contract.

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

1

CG 20 10 04 13

© Insurance Services Office; Inc., 2012

Page 1 of 2



C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 2 of 2

© Insurance Services Office, Inc., 2012

CG 20 10 04 13



Commercial Lines - (707) 769-2900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0 1039 N. McDowell Blvd. Petaluma, CA 94954-1173

> County of Humboldt 1106 2nd Street Eureka CA 95501

whether the second of the second seco

We offer expedited delivery to better serve our mutual clients.

To update the delivery method for revisions to this certificate and for next year's copy, please enter this information in your browser:

https://www.cybersure.com/cybersure/forms/iyoc/cdmu.aspx

When prompted, enter this information for security purposes:

Client ID: 282959 Cert ID: 11672028 Passcode: 91117BC6

Follow the instructions and let us know your delivery preference. You'll receive future copies of this certificate via the method you provide.

Thank you for helping us provide certificates to you more quickly.



CONTINUATION CERTIFICATE

Premium Amount: <u>\$1,0</u>50.00

In consideration of the premium charged, <u>Indemnity Company of California</u>, as surety, hereby continues in force Bond No. <u>866537P</u> dated January 1, 2001, in the amount of <u>Fifty Thousand Dollars and No/100</u> (\$50,000,00) on behalf of <u>Eel River Disposal &</u> <u>Resource Recovery Inc.</u> as Principal, in favor of the <u>County of Humbolt</u> as Obligee for the period <u>January 1, 2017 and ending January 1, 2018</u> subject to all terms and conditions of the said bond:

PROVIDED that the liability of <u>Indemnity Company of California</u>, as surety, shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed and Sealed this <u>16th</u>, Day of <u>December</u>, 2016.

Indemnity Company of California Surety

By:

Natalie Ann Horder, Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT				
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.				
STATE OF CALIFORNIA County of Sonoma	}			
On December 16, 2016 before me, Nancy L.				
Date Insert personally appeared Natalie Ann Horder	Name of Notary exactly as it appears on the official seal Name(s) of Signer(s)			
Though the information below is not required by law and could prevent fraudulent removal and Description of Attached Document	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that heighe/they executed the same in histher their authorized capacity(ies), and that by histhe/their signature(e) on the instrument the person(s), or the entity upon behalf of which the person(e) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal. Signature Signature of Notary Popular Nancy L. Wallis TIONAL			
Title or Type of Document:				
Signer(s) Other Than Named Above;				
Capacity(ies) Claimed by Signer(s)	· · · · · · · · · · · · · · · · · · ·			
Signer's Name:	Signer's Name: Individual Corporate Officer — Title(s): Partner Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:			

POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY INDEMNITY COMPANY OF CALIFORNIA PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M, Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

es their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attomey;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Pawar of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this January 29, 2015.

AND By: ΔŇ Daniel Young, Senior Vice-President APDA OCT. OCT. 5 10 1967 Mark Lansdon, Vice-President ึกพ A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document, State of California County of Orange January 29, 2015 On before me. Lucille Raymond, Notary Public Date Here Insert Name and Title of the Office personally appeared Daniel Young and Mark Lansdon ne(s) of Signer(s) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/lhey executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is Inte and correct.

WITNES

Signatur

which the person(s) acted, executed the instrument.

Place Notary Seel Above

S my hand and official seal.	Theialle Reymond	
Luci	Baymond Notary Public	

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certily that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the resolutio said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 16th day of December , 2016.

rrisford, Assistant Secretary

ID-1380(Rev.01/15)

7771 Cowan, Suite 100 • Irvine, California 92614 (949) 263-3300 Phone • (800) 251-1955 Fax www.AmTrustSurety.com

CONTINUATION CERTIFICATE

In Consideration of the premium	charged,	Indemnity Company of California		
· · · · · · · · · · · · · · · · · · ·	•	, as surety	, hereby continues in force	
Bond No. <u>515827P</u>		in th	e amount of	
Thirty Five Thousand and 00/10	00	Dollars (\$ <u>35.00</u>)0.00 Dollars)	
on behalf of	Eel River Disposal	Co., Inc.	, as Principal,	
in favor of	The County of H	umboldt	, as obligee	
for the period beginning June 30	. 2017		and ending	
June 30, 2018	s	ubject to all the terms ar	nd conditions of said bond;	
PROVIDED that the liability of shall not exceed in the aggregat the terms of said bond or during partly during any continuation or o	e the amount above writ any continuation or con	ten, whether the loss sl	hall have occurred during	
Signed, sealed and dated this <u>17</u>	<u>th</u> da	ay of <u>May</u>	, <u>2017</u> . 	

Indemnity Company of California

Surety

By:

Natalie Ann Horder

, Attorney-in-Fact

Premium:

\$875.00

ID-1396 (w/out Principal Signature) (Rev. 01/16)

CALIFORNIA ALL-PURI	POSE ACKNOWLEDGMENT
	te verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
STATE OF CALIFORNIA	}
On <u>May 17, 2017</u> before me, <u>Nancy L.</u> Date Insert Na	Mallis, Notary Public,
personally appeared Natalie Ann Horder	Name(s) of Signer(s)
NANCY L. WALLIS Notary Public - California Sonoma County Commission # 2161736 My Comm. Expires Aug 28, 2020	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
Place Notary Seal Above	Signature
	it may prove valuable to persons relying on the document reattachment of the form to another document.
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	·
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Individual Corporate Officer — Title(s): Partner Limited Guardian or Fact Guardian or Conservator Other: Signer is Representing:	Signer's Name: Individual Corporate Officer — Title(s): Partner Limited Guardian or Conservator Other: Other: Signer is Representing:

POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY INDEMNITY COMPANY OF CALIFORNIA PO Box 19725; IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this 6th day of February, 2017.

Bv: Daniel Young, Senior Vice-President Mark Lansdon, Vice-President

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

OCT 5

State of California County of Orange

On Fet	Date before me,	Lucille Raymond, Notary Public
personally appeared		Daniel Young and Mark Lansdon Name(s) of Signer(s)
	LUCILLE RAYMOND Commission # 2081945	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	Notary Public - California	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	Ay Comm. Expires Oct 13, 2018	WITNESS my hand and official seal.
Place No	tary Seal Above	Signature Lucille Baymond, Notary Public
		CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this 17th day of May, 2017. By: Cassie J. Berrisford, Assistant Secretary This Certificate is executed in the City of Irvine, California, this 17th day of May, 2017.

ATS-1002 (02/17)

Developers Surety and Indemnity Company Indemnity Company of California CorePointe Insurance Company 17771 Cowan, Suite 100 • Irvine, California 92614 (949) 263-3300 Phone • (800) 251-1955 Fax www.AmTrustSurety.com

Premium: \$875.00

CONTINUATION CERTIFICATE

In Consideration of the premium ch	narged,Indemnity	Company of California
		_ , as surety, hereby continues in force
Bond No. <u>515828P</u>	dated <u>10/01/1998</u>	in the amount of
Thirty Five Thousand and 00/100		ilars (\$ <u>35,000.00 Dollars</u>)
on behalf of	Eel River Disposal Co., Inc.	, as Principal,
in favor of	The County of Humboldt	, as obligee
for the period beginning June:30, 2	2017	and ending
<u>June 30, 2018</u>	subject to al	I the terms and conditions of said bond;
shall not exceed in the aggregate	the amount above written, wheth any continuation or continuations	of <u>California</u> , as surety, er the loss shall have occurred during thereof, or partly during said term and
Signed, sealed and dated this 17th	day of <u>May</u>	, <u>2017</u> . _{Year} .
	in de merite e O en	

Indemnity Company of California

Surety

By:

Natalie Ann Horder

, Attorney-in-Fact

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT				
A notary public or other officer completing this certific document to which this certificate is attached, and no	ate verifies only the identity of the individual who signed the t the truthfulness, accuracy, or validity of that document.			
STATE OF CALIFORNIA County of <u>Sonoma</u> On May 17, 2017 before me, Nancy L.	} Vallis , Notary Public,			
Date Insert N	Valids , Votary exactly as it appears on the official seal			
personally appeared <u>Natalie Ann Horder</u>	Name(s) of Signer(s)			
NANCY L. WALLIS Notary Public - California Sonoma County Commission # 2161736 My Comm. Expires Aug 28, 2020	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
Witness my hand and official seal. Signature Signature<				
Description of Attached Document				
Title or Type of Document:				
Document Date:	Number of Pages:			
Signer(s) Other Than Named Above:				
Capacity(ies) Claimed by Signer(s)				
Signer's Name: Individual Corporate Officer — Title(s): Partner Limited Gardian or Conservator Other: Other: Signer is Representing:	Individual Corporate Officer — Title(s): Partner			

POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY INDEMNITY COMPANY OF CALIFORNIA PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each thereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attomey(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attomey(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attorney is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of surelyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this 6th day of February, 2017.

By: Daniel Young, Senior Vice-President Mark Lansdon, Vice-President

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On February 6, 2017 before me,	Lucille Raymond, Notary Public
Date	Here Insert Name and Title of the Officer
personally appeared	Daniel Young and Mark Lansdon Name(s) of Signer(s)
LUCILLE RAYMOND Commission # 2081945	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
Notary Public - California	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
My Comm. Expires Oct 13, 2018	WITNESS my hand and official seal.
Place Notary Seal Above	Signature Lucille Baymond, Notary Public

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

This Certificate is executed in the City of Irvine, California, this $17 {
m th}$ day of ${
m May}$, 2017 .

nie J. Berrisford, Assistant Secretary



ATS-1002 (02/17)

Premium: \$1,050.00

Developers Surety and Indemnity Company Indemnity Company of California CorePointe Insurance Company 17771 Cowan, Suite 100 • Irvine, California 92614 (949) 263-3300 Phone • (800) 251-1955 Fax www.AmTrustSurety.com

CONTINUATION CERTIFICATE

In Consideration of the premium	charged, <u>Dev</u>	elopers Surety and Indemnity Cor	mpany
		, as surety, hereby c	ontinues in force
Bond No. <u>430472P</u>		in the amount	of
Fifty Thousand and 00/100		Dollars (\$ <u>50,000.00 Doll</u>	<u>ars)</u>
on behalf of	Eel River Disposa	al_Co., Inc.	, as Principal,
in favor of	The County of I	lumboldt	, as obligee
for the period beginning <u>June 30</u>	, 2017		and ending
<u>June 30, 2018</u>		subject to all the terms and condition	ons of said bond;
		rety and Indemnity Company	

shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the terms of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation thereof.

Signed, sealed and dated this <u>17th</u> day of <u>May</u>, <u>2017</u>, <u>YEAR</u>.

Developers Surety and Indemnity Company

Surety

By:

Natalie Ann Horder

, Attorney-in-Fact

ID-1396 (w/out Principal Signature) (Rev. 01/16)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT				
	cate verifies only the identity of the individual who signed the ot the truthfulness, accuracy, or validity of that document.			
STATE OF CALIFORNIA County of Sonoma	}			
On May 17, 2017 before me, Nancy L Date Insert	Wallis, Notary Public, Name of Notary exactly as it appears on the official seal			
personally appeared <u>Natalie Ann Horder</u> Name(s) of Signer(s)				
NANCY L. WALLIS Notary Public - California Sonoma County Commission # 2161736	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
Place Notary Sea! Above	Witness my hand and official seal. Signature Signatule of Notary Public Nancy L. Wallis			
	v, it may prove valuable to persons relying on the document d reattachment of the form to another document.			
Description of Attached Document Title or Type of Document:				
· · · · · · · · · · · · · · · · · · ·	Number of Pages:			
Signer(s) Other Than Named Above:				
Capacity(ies) Claimed by Signer(s)				
Signer's Name: Individual Corporate Officer — Title(s): Partner Limited General Attorney in Fact RIGHT THUMBPRINT Trustee OF SIGNER Guardian or Conservator Of signer Other:	Individual Corporate Officer — Title(s): Partner Limited General			

Ī

POWER OF ATTORNEY FOR DEVELOPERS SURETY AND INDEMNITY COMPANY INDEMNITY COMPANY OF CALIFORNIA PO Box 19725, IRVINE, CA 92623 (949) 263-3300

KNOW ALL BY THESE PRESENTS that except as expressly limited, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, do each hereby make, constitute and appoint:

Catherine A. Pinney, Stacy M. Clinton, K. Dixon Wright, Nancy L. Wallis, Kandace L. Reeves, Natalie Ann Horder, Michael Landucci, Loretta Lange, jointly or severally

as their true and lawful Attorney(s)-in-Fact, to make, execute, deliver and acknowledge, for and on behalf of said corporations, as sureties, bonds, undertakings and contracts of suretyship giving and granting unto said Attorney(s)-in-Fact full power and authority to do and to perform every act necessary, requisite or proper to be done in connection therewith as each of said corporations could do, but reserving to each of said corporations full power of substitution and revocation, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This Power of Attomey is granted and is signed by facsimile under and by authority of the following resolutions adopted by the respective Boards of Directors of DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA, effective as of January 1st, 2008.

RESOLVED, that a combination of any two of the Chairman of the Board, the President, Executive Vice-President, Senior Vice-President or any Vice President of the corporations be, and that each of them hereby is, authorized to execute this Power of Attorney, qualifying the attorney(s) named in the Power of Attorney to execute, on behalf of the corporations, bonds, undertakings and contracts of suretyship; and that the Secretary or any Assistant Secretary of either of the corporations be, and each of them hereby is, authorized to attest the execution of any such Power of Attorney;

RESOLVED, FURTHER, that the signatures of such officers may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures shall be valid and binding upon the corporations when so affixed and in the future with respect to any bond, undertaking or contract of suretyship to which it is attached.

IN WITNESS WHEREOF, DEVELOPERS SURETY AND INDEMNITY COMPANY and INDEMNITY COMPANY OF CALIFORNIA have severally caused these presents to be signed by their respective officers and attested by their respective Secretary or Assistant Secretary this 6th day of February, 2017.

..... ND By: Daniel Young, Senior Vice-President Mark Lansdon, Vice-President

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Orange

On Fel	bruary 6, 2017 before me,	Lucille Raymond, Notary Public
personally appeared		Daniel Young and Mark Lansdon Name(s) of Signer(s)
	LUCILLE RAYMOND	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	Commission # 2081945 5 Notary Public - California 5 Orange County 2	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	My Comm. Expires Oct 13, 2018	WITNESS my hand and official seal.
Place Notary Seal Above		Signature Lucille Baymond, Notary Public
		······································

CERTIFICATE

The undersigned, as Secretary or Assistant Secretary of DEVELOPERS SURETY AND INDEMNITY COMPANY or INDEMNITY COMPANY OF CALIFORNIA, does hereby certify that the foregoing Power of Attorney remains in full force and has not been revoked and, furthermore, that the provisions of the resolutions of the respective Boards of Directors of said corporations set forth in the Power of Attorney are in force as of the date of this Certificate.

17th day of May, 2017,.

This Certificate is executed in the City of Irvine, California, this

mi J. Burisfor Cassie J. Bernisford, Assistant Secretary



ATS-1002 (02/17)