

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2018

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(les) 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).

		Dill Develor				nonc	w Inc	CONTACT BIII Kour	ls				
10345 Danichris Way Elk Grove CA 95757								NAME: PHONE 916-236-5641 FAX: No. Ext): 916-685-9571					35-9571
								(A/C, No. Ext)): (A/C,					
								INSURER(S) AFFORDING COVERAGE					NAIC# 42374
								INSURER A: Houston Casualty Company					
2825 Watt Avenue, Suite 200								INSURER B. Travelers Property Casualty Co of America 25674					
								INSURER C:					
Sacramento CA 95821								INSURER D:					
•								INSURER E:					
								REVISION NUMBER:					
COV	ER	AGES		CER	TIFIC	ATE	NUMBER:					IF DOI	IOV DEDIOD
IND	CA	TED. NOTWITH	AATR	IDING ANY RE	QUIF	EME:	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	S DESCRIBE	D HEREIN IS SU	U VEOLE	,, ,,	AALHOLI LIIIO I
EX	CLU	USIONS AND CONDITIONS OF SUCH				CIES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.					.,,.,
INSR TYPE OF INSURANCE				ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	✓ COMMERCIAL GENERAL LIABILITY			V	V				EACH OCCURRENCE		s 1,000,000		
_	Ť		To anyourse To occup		L		630-9K104459-TIL-18	06/01/2018	06/01/2019	DAMAGE TO REN' PREMISES (Ea occ	Centence)	s 100	,000
ŀ		CLAIMS-MADE OCCUR							MED EXP (Any one person)		s 5,00	00	
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L												0,000	
L	GEN	BEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC OTHER:								-			0,000
													10,000
											TT 1 14 14T	\$	
	AUT	OMOBILE LIABILITY			V	<u>~</u>				COMBINED SINGL (Ea accident)	SLE LIMIT s 1,000,000		0,000
t	7	ANY AUTO					3			BODILY INJURY (F	(Per person) \$		
ŀ	~	<u></u>							BODILY INJURY (F	Y (Per accident) S			
<u>.</u>	-,	AUTOS UNLT	ON-OWNED			BA-9K106686-18-14	06/01/2018	06/01/2019	PROPERTY DAMA (Per accident)	AAGE \$			
В	ᅬ	AUTOS ONLY AUTOS ONLY				D74-374100000 15 1-1	00,0,,20,0		(Per accident)	~~	s		
			_ـــ				EX-9K117560-18-14	06/01/2018	06/01/2019				00,000
В		UMBRELLA LIAB	6	OCCUR	1	"		I	00/01/2015	EACH OCCURREN	\$ 5,000,000		
	1	EXCESS LIAB CLAIMS-MA		CLAIMS-MADE	E		GL, Auto and WC forr	n		AGGREGATE			
	DED RETENTION \$			1						Logi	\$		
	WORKERS COMPENSATION				Ī	V	UB-9K107321-18-14	06/01/2018	06/01/2019	✓ PER STATUTE	OTH- ER		
ANY		ID EMPLOYERS' LIABILITY IYPROPRIETOR/PARTNER/EXECUTIVE N N								E.L. EACH ACCIDI	ENT	s 1,000,000	
					N/A					E.L. DISEASE - EA	EMPLOYEE	_{EE} _{\$} 1,000,000	
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - PO	DLICY LIMIT	s 1,0	00,000
	DESCRIPTION OF OPERATIONS below				-		H717-110662			İ			
	Professional Liability				\vdash	\vdash	Deductible 15,000	11/30/2017	11/30/2018	\$2,000,000 Per Occurrenc \$2,000,000 Aggregate		e I	
					<u> </u>			1100/2011	1,1,00,20,10				
		NMS MADE			<u>L</u>		Retro Date 11/30/99		<u></u>	<u> </u>		l	
30 Day Joba COM HAR COM Writ UMB Addi	ays On- IML IME ME ten REI	Notice of Cance Call Profession RCIAL GENERA ESS/INSUREDS RCIAL AUTO BI Contract, WOR	ellati nal Ri NL Ll. i-SUI LANI KER n Qu inty (on/10 Days fo eal Estate Ap ABILITY BLA SONTRACT KET ADDITIO S' COMPENS talifying as st of Humboldt,	prais NKE NKE OR, I NAL ATIC	n-Pa al Se T AD OUR INSL IN W	D 101, Additional Remarks Schedulyment IL.02700912 ervices Per Written Controlling Schedulyment IL.02700912 DITIONAL INSURED/PRIT WORK PER PROJECT OF IRED/PRIMARY/WAIVER OF SUBROGATIOF Underlying General Liables, directors, officers, of	act MARY/NON-CONTR R LOCATION: CGD OF SUBROGATION N: WC990376(A)-00 ility, Commercial A ficials, partners, re	IBUTORY/W 2460805 Per V/EMPLOYEE 11 Per Writte Luto, and Wo presentative	AIVER OF SUB Written Contra ES AS INSUREI In Contract Inkers' Compen	DS: CAT3: sation ins	53021: suranc	i Per e,
CEF	₹T1F	ICATE HOLDE	R					CANCELLATION					
Cou Attn 825	nty : R Fift	of Humboldt isk Manageme th Street, Room , CA 95501	ent	31				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
								AUTHORIZED REPRESENTATIVE					
L									988-2015 AC	ORD CORPO	RATION.	All rig	hts reserved.