

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/28/2018

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(ies) must 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).

CERTIFICATE NUMBER:

CONTACT **PRODUCER** NAME: PATTERSON CONNERS INSURANCE SVCS PHONE (A/C, No, Ext): (707) 725-3400 FAX (A/C, No): (707) 725-0292 POB 575 E-MAIL ADDRESS: terry@pci-insurance.com Fortuna, CA 95540 INSURER(S) AFFORDING COVERAGE NAIC# 0488272 INSURER A: NATIONAL LIABILITY AND FIRE **INSURED** UNITED INDIAN HEALTH SERVICES INSURER B: 1600 WEOTT WAY INSURER C: ARCATA, 95521 95521 INSURER D: 707-825-5000 INSURER E:

INSURER F:

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. POLICY EFF POLICY EXP MM/DD/YYYY) INSR ADDL SUBR TYPE OF INSURANCE LIMITS LTR POLICY NUMBER INSD WVD (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED **CLAIMS-MADE OCCUR** PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY

GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT **POLICY** LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 (Ea accident) BODILY INJURY (Per person) **ANYAUTO** 11/16/18 11/16/19 73APS083446 ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ X AUTOS **AUTOS** NON-OWNED PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) \$ UMBRELLA LIAB **OCCUR** EACH OCCURRENCE \$ **EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$** DED PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYER \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE COUNTY OF HUMBOLDT, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE COVERED AS
ADDITIONAL INSUREDS ARISING OUT OF THE OPERATIONS PERFORMED BY OR ON BEHALF OF THE CONTRACTOR.
ADDITIONAL INSURED ENDORSEMENT FORMS PART OF THIS POLICY.

CERTIFICATE HOLDER

COUNTY OF HUMBOLDT DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN & FAMILY SERVICES BRANCH 929 KOSTER STREET

EUREKA, CA 95501

CANCELLATION

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

ery Patherson

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REVISION NUMBER: