OP ID: CH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2018

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 have ADDITIONAL INSURED provisions or be endorsed.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights	t to the	ne te	rms and conditions of th	e polic	cy, certain po	olicies may r	equire an endorsement	. A st	atement on	
PRODUCER 707-269-4368						CONTACT Stan Smith					
California Meridian Insurance 509 J St., Ste 3 Eureka, CA 95501					PHONE (A/C, No, Ext): 707-269-4368 FAX (A/C, No): 707-269-4360						
					E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					
						INSURER A . The Hartford				19682	
INSURED Lenders Construction Services,					INSURE						
Po Box 6218					INSURER C:						
Eureka, CA 95502					INSURE	INSURER D:					
					INSURER E :						
						INSURER F:					
			NUMBER:	REVISION NUMBER:							
C	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
A	X COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)	The Constitution of the Co	s	1,000,000	
	CLAIMS-MADE X OCCUR		x	51SBMIA0174		10/22/2018	10/22/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		X	,,					MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:							711000010 30111701 7100	s		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
_									\$		
A	X UMBRELLA LIAB OCCUR			E40DMIA0474				EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADI	4		51SBMIA0174		10/22/2018	10/22/2019	AGGREGATE	\$	1,000,000	
_	DED X RETENTION\$ 10,000)	-					1050	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	·	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
_	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) Re:contract job #170212 Humboldt County Juvenile Hall Replacement Project Subject to written requirement by contract the certificate holder including											
their agents, officers, officials, employees and volunteers are included as additional insured's as per attached IH1200 1185.											
CE	RTIFICATE HOLDER			1975	CAN	CANCELLATION					
COUNTYO											
	County of Humboldt		THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Thomas Mattson						AUTHORIZED REPRESENTATIVE					
1106 2nd St						C'amia denombros					
	Eureka, CA 95501		Lavue Haveunn								

POLICY NUMBER: 51 SBM IA0174



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOCATION 001 BUILDING 001

COUNTY OF HUMBOLDT 825 5TH ST EUREKA CA 95501

Process Date: 08/08/18

Expiration Date: 10/22/19

OP ID: CH

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/03/2018

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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). 707-269-4368 CONTACT Stan Smith California Meridian Insurance FAX (A/C, No): 707-269-4360 PHONE (A/C, No, Ext): 707-269-4368 509 J St., Ste 3 Eureka, CA 95501 E-MAIL ADDRESS INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc. 10200 INSURED Lenders Construction Services, INSURER B LLC Po Box 6218 INSURER C Eureka, CA 95502 INSURER D INSURER E 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 ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE X CLAIMS-MADE DAMAGE TO RENTED PREMISES (Ea occurrence) 04/30/2018 04/30/2019 MPL1732836 18 MED EXP (Any one person) E&0 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY LOC PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE 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) Re:contract job #170212 Humboldt County Juvenile Hall Replacement Project
PROOF OF COVERAGE ONLY CERTIFICATE HOLDER CANCELLATION COUNTYO SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. County of Humboldt **Thomas Mattson** AUTHORIZED REPRESENTATIVE 1106 2nd St

ACORD 25 (2016/03)

Eureka, CA 95501

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