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Ian	15	20	19

PRODUC								Juli 1	, 2017	
610 Ful	ER fits' United Workers' Compensation Group ton Avenue, Suite 200 ento, CA 95825	Phone: (916) 868-623 Fax: (916) 880-5251	THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
Arthur J. Gallagher & Co Insurance Brokers of California, Inc 1255 Battery Street #450 San Francisco, CA 94111			INSURERS AFFORDING COVERAGE							
INSURED			INSURER A:	INSURER A: NonProfits' United Workers' Compensation Group						
Redwood Community Services 780 S Dora Street Ukiah, CA 95482			INSURER B:	INSURER B: Safety National Casualty Corp [NAIC # 15105]						
			INSURER C:							
			INSURER D:	INSURER D:						
		INSURER E:								
COVE	RAGES This Certificate is not intended	to specify all endorseme	nts, coverages, ter	ms, conditions an	nd exclu	isions of the	e polio	cies shown.		
THE POLICIES OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE AFFILIATE MEMBER 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS					
	GENERAL LIABILITY				EACH (	OCCURRENCI	Ξ		\$	
	COMMERCIAL GENERAL LIABILITY				FIRE D	AMAGE (Any o	one fire	)	\$	
	CLAIMS MADE OCCUR				MED EX	XPENSE (Any	one pe	rson)	\$	
	GENERAL AGGREGATE LIMIT APPLIES PER:				PERSO			\$		
	POLICY PROJECT LOC					RAL AGGREGA			\$	
					PRODUCTS-COMP/OP AGG \$					
	AUTOMOBILE LIABILITY						\$			
	ANY AUTO				(Each accident) \$					
	ALL OWNED AUTOS				BODILY	BODILY INJURY \$		\$		
	SCHEDULED AUTOS				(Per person) \$		\$			
	HIRED AUTOS				BODILY INJURY \$		\$			
	NON-OWNED AUTOS					(Per accident)				
					PROPERTY DAMAGE (Per accident) \$					
					X	PER STATUTE		OTHER	Ψ	
А	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	NPU-WCG 001-2019	1/1/19	1/1/20	E.L. EA	CH ACCIDEN	T		\$ 500,000	
Л			1/1/19		E.L. DISEASE – EA EMPLOYEE			\$ 500,000		
								\$ 500,000		
В	OTHER EXCESS Workers' Compensation	SP 4059671	1/1/19	1/1/20	Limit Per Occurrence - Statutory EL Per Occ & Agg \$2,000,000 xs of \$500,000			+ 000,000		
DESCR	PTION OF OPERATIONS/LOCATIONS/VEH									
				NI/SPECIAL/PROV	/1510115					
Eviden	ce of Workers' Compensation Coverag	ge:								
			CANCE							
CERTI	FICATE HOLDER	NDIWCC DW		ELLATION					Г	
NPUWCG-RWCS-015										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED							LLED			
			BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
County of Humboldt										
	5 5th Street									
Eureka, CA 95501										
				01151						
		$\leq$	Depry 65-1-							