OP ID: AG

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2018

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. 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 i	ights to the certificate holder in fied of s	uch endorsement(s).		
PRODUCER				
Gene Gaffney Ins Services, Inc P.O. Box 428		PHONE (A/C, No, Ext): 707-874-2666	FAX (A/C, No): 707-87	74-1233
Occidental, CA 95465 Angela Gianni		E-MAIL ADDRESS: angela@gaffneyins.com		
Angela Glanni		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Berkley National Insurance Co		29580
INSURED Area 1 Agency on Aging		INSURER B:		
434 7th St Eureka, CA 95501		INSURER C:		
,		INSURER D:		
		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	/IBER:	
THIS IS TO CERTIFY THAT THE PO	OLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOV	E FOR THE POI	ICY 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,

	KULU	ISIONS AND CONDITIONS OF SUCH			LIMITS SHOWN MAY HAVE BEEN I	KEDUCED BY			
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Υ		HHS8525540-12	09/30/2018	09/30/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
Α	Х	Sexual Abuse	-		HHS8525540-12	09/30/2018	09/30/2019	MED EXP (Any one person)	\$ 5,000
Α	Х	Prof Liability			HHS8525540-12	09/30/2018	09/30/2019	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:						Emp Ben.	\$1M/\$3M
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO			HHS8525540-12	09/30/2018	09/30/2019	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					00/00/2010	BODILY INJURY (Per accident)	•
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY 40TOS ONLY						(Fer accident)	\$
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
	Х	EXCESS LIAB CLAIMS-MADE			HHS8525540-12	09/30/2018	09/30/2019	AGGREGATE	\$ 1,000,000
		DED RETENTION \$						AGGREGATE	\$
	WOR	KERS COMPENSATION						PER OTH- STATUTE ER	D D
		EMPLOYERS' LIABILITY Y/N						STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Em	oloyee Theft			HHS8525540-12	09/30/2018	09/30/2019	Limit/Ded	\$500K/\$500
ΙA	For	gert			HHS8525540-12	09/30/2018	09/30/2019	Limit/Ded	\$5K/\$500
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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 named as Additional Insured per the attached CG8391.

CERTIFICATE HOLDER	CANCELLATION
Humboldt County Department of Health & Human	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
720 Wood Street	AUTHORIZED REPRESENTATIVE Angela Grann
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Throughout this endorsement, the words "you" and "your" refer to the Named Insured shown in the Declarations. The word "we," "us," and "our" refer to the company providing this insurance.

The following is only a summary of the additional coverages provided by this endorsement and is provided only for your reference and convenience. For the Limits of Insurance and the additional coverages provided by this endorsement, read the provisions on the following pages and the Coverage Form, which this endorsement modifies.

SUBJECTS OF INSURANCE
Broadened Bodily Injury
Broadened Personal and Advertising Injury
Broadened Property Damage
Broadened Fire, Lightning, Explosion, and Sprinkler Leakage - \$500,000
Broadened Medical Payments - \$10,000
Broadened Supplementary Benefits
a. Bail Bonds - \$1,000
b. Expenses Incurred to Assist in Defense - \$500 per Day
Broadened Newly Acquired or Formed Organization
Broadened Non-Owned or Chartered Watercraft or Aircraft
Broadened Commercial General Liability Conditions
a. Duties in the Event of Occurrence, Offense, Claim, or Suit
b. Liberalization – Automatic Coverage If We Adopt Broader Coverages
c. Notice to Company
Automatic Coverage for "Special Events"
Automatic Additional Insureds
a. Athletic Activity Participants
b. Contractual Obligations
c. Funding Sources
d. Manager or Lessor of Premises
e. Owner, Manager, Operator, or Lessor of "Special Event" Premises
f. Supervisors or Higher in Rank – Co-Employee Exclusion Removed
g. Limitations
Blanket Waiver of Subrogation
Priority of Application for Multiple Insureds

The coverages listed in this endorsement are provided as extensions or additions to your insurance program.